Step 1: Initial CWPC[®] Pre-Approval Application (Education and Experience Documentation) Certified Working Pastry Chef[®]



Return this cover sheet and appropriate documentation by: Email (preferred): certify@acfchefs.net Fax: (904) 940-0742 Mail: American Culinary Federation, Inc. Attn: Certification Department 180 Center Place Way St. Augustine, FL 32095

PERSONAL INFORMATION

First Name:	MI: Last Name:
Home Phone:	Cell Phone:
Home Address:	
City:	State: Zip:
Email:	ACF #:

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

High School Diploma / GED plus *50 CEH or □ *150 Continuing Education Hours or □ Associate's Degree in Culinary Arts or □ ACFEF Apprenticeship Program □ Courses	
Associate's Degree in Culinary Arts or ACFEF Apprenticeship Program	
ACFEF Apprenticeship Program	
Courses	
ourses	
30-Hour Culinary Nutrition	
30-Hour Food Safety & Sanitation	
30-Hour Culinary Supervisory Management	
Eight hour refresher course required if initial 30–hour courses are older than five years.	
8-Hour Refresher Culinary Nutrition	
8-Hour Refresher Food Safety & Sanitation	
8-Hour Refresher Supervisory Management	
*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.	
2. Work Experience: (Experience must be within the past 10 years.)	
Place of Employment Title mm/dd/yy mm/dd/yy Documenta Include	
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Requirements

High School Diploma/GED plus 50 CEH/150 CEH-5 years entry level pastry culinarian.
Associate's Degree in Culinary Arts – 3 years entry level pastry culinarian.
ACFEF Apprenticeship Program Graduates — Min. 4000 hours on the job training.
Work documentation form can be downloaded from ACF website.

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

50.00 Pre-Approval Fee		
I have enclosed a check made payable to the American Culinary Fee	Jeration (ACF).	
Please bill my: Visa MasterCard Amex	Discover	
Account Number:	Exp. Date:	Amount:
Billing Address:		
City:	State:	Zip:
Name on Account:	Signature:	

CERTIFICATION AGREEMENT

With this application, I verify the information provided is truthful and accurate. I grant the ACF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to adhere to the ACF Certification Code of Ethics, Designation Usage and policies of the certification program and agree to accept the ACF Certification Commission's determination on all certification decisions. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date