Step 1: Initial CC[®] Pre-Approval Application (Education and Experience Documentation) Certified Culinarian[®]



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.

1. Education		Date Completed		Documentation Included
High School Diploma / GED or				
*100 Continuing Education Hours or				
Culinary Arts Program Certificate or				
Associate's Degree in Culinary Arts or				
ACFEF Apprenticeship Program				
Courses				
30-Hour Culinary Nutrition				
30-Hour Food Safety & Sanitation				
30-Hour Culinary Supervisory Management	t			
Eight hour refresher course required if initi	ial 30–hour	courses are older than five years.		
8-Hour Refresher Culinary Nutrition				
8-Hour Refresher Food Safety & Sanitation				
8-Hour Refresher Supervisory Managemen	t			
*30 hour courses in Nutrition, Food Safety a	and Sanitati	on, & Supervisory Management cou	ints toward continuin	g education.
2. Work Experience: (Experience must be within	the past 10	vears.)		
Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
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Requirements

High School Diploma/GED/100 CEH's – 2 years entry level culinarian. Culinary Arts Program Certificate – 1 year entry level culinarian. Associate's Degree in Culinary Arts/ACFEF Apprenticeship Program Graduates – no experience required. Work documentation form can be downloaded from ACF website.

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

3	50.00 Pre-Appro	val Fee						
	I have enclosed a check made payable to the American Culinary Federation (ACF).							
D PI	lease 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