Step 1: Initial CSC® Pre-Approval Application (Education and Experience Documentation)

Certified Sous 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:	M	l: Las	st Name:		
Home Phone:	C	ell Phone:			
Home Address:					
City:		Sta	ate: Zip: _		
Email:		AC	F #:		
MANDATORY REQUIREMENTS					
Include proof of education and work experienc diplomas and employment verification letters of					official transcript,
1. Education	Date (Completed			Documentation Included
High School Diploma / GED plus *50 CEH or					
*150 Continuing Education Hours 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					
Eight hour refresher course required if initial	30–hour course	s are olde	r 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	l Sanitation, & S	Supervisor	y Management coun	nts toward continui	ng education.
2. Work Experience: (Experience must be within the	e past 10 years.)				
Place of Employment	Title		mm/dd/yy	mm/dd/yy	Documentation Included
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Requirements

 $High\ School\ Diploma/\ GED\ plus\ 50\ CEH/\ 150\ CEH-5\ years\ entry\ level\ culinarian.$

 $\label{lem:associate} Associate's \ \mbox{Degree in Culinary Arts} - \mbox{3 years entry level culinarian}.$

ACFEF Apprenticeship Program Graduates — Min. 4000 hours on the Work documentation form can be downloaded from ACF website.	e job training.	
PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)		
\$50.00 Pre-Approval Fee I have enclosed a check made payable to the American Culinary Fed Riccook bill may American Culinary Fed	, ,	
Please bill my:		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 gr I release from liability all persons and companies supplying such information. I agr Usage and policies of the certification program and agree to accept the ACF Cer acknowledge that false statements or misrepresentation may result in the revocation.	ee to adhere to the ACF Certificat tification Commission's determinat	ion Code of Ethics, Designation ion on all certification decisions. I
Signature		