



American Culinary Federation Practical Exam Site Application

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

The information given below will be used for all related correspondence and publicizing of the practical examination. All phone numbers and contact information listed will be made available to the public.

Host Information

Sponsoring Chapter/Host Site: _____

Chapter President/Host Site Director: _____

Phone: _____ Email: _____ Chapter ID: _____

Test Site Name (as shown on website): _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Are you interested in becoming a written exam test site? Yes No

Test Site Administrator Information

Contact information will be posted on the website; please remember to contact the ACF to update regularly.

Name: _____ Certification Level: _____ Member ID: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Essential Site Data

Maximum number of candidates able to test: _____

Please indicate any assets/limitations pertaining to this site, such as additional kitchens or limited space for pastry candidates:

Acknowledgement

To the best of my knowledge, all of the information in this application is true and accurate. We affirm that our test site applying meets site requirements as specified in the ACF Practical Exam Operations Administrative Handbook and is responsible for maintaining the site to meet these guidelines. Our chapter/test site agrees to meet all financial obligations related to this event and to administer the ACF certification practical examinations in accordance with the guidelines specified in the ACF Practical Exam Operations Administrative Handbook. The Test Site Administrator agrees to submit a Request to Schedule an Exam at least eight (8) weeks prior to administering a practical exam.

Signature of Test Site Administrator: _____ Date: _____

Signature of Chapter President/Host Director: _____ Date: _____