



CMC[®]/CMPC[®] Recertification Application

Certified Master Chef[®]/Certified Master Pastry Chef[®]

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

Once completed either email to certify@acfchefs.net, mail this form and payment to the address above or fax to number above.

Personal Information

First Name: _____ MI: ____ Last Name: _____ ACF #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Employer: _____ Present Position: _____

Name (as it should appear on certificate): _____

Recertification certificates are available through the member profile page. To have certificate printed and mailed, check here

Certification Level

Please check level you are applying for

Cooking Professionals	ACF Member Rate	Non-Member Rate
Certified Master Chef [®] (CMC [®])	\$300	\$450
Baking and Pastry Professionals	ACF Member Rate	Non-Member Rate
Certified Master Pastry Chef [®] (CMPC [®])	\$300	\$450

Continuing Education Hours (CEHs) Required:

CMC[®] and CMPC[®] Recertification applicants must provide documentation of 50 CEH. The CEH will be evaluated as a portfolio to determine continuing involvement in professional development activities, which may include evaluating practical exams, judging ACF/World Chefs Competitions, evaluating an ACF Seal of Approval product or other opportunities listed in the Approved CEH Activities sheet.

- No refresher courses are required for CMC[®] or CMPC[®].

Activity	Date	Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
Total Continuing Education Hours		_____

Note: Incomplete applications will not be processed. Please ensure all CEH documentation and payment are provided upon submission.

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Payment Information

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover

Credit Card Number: _____ Exp Date: _____ CSC #: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

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. All certifications are awarded for five years, and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow ACF to share my certification accomplishment in ACF communications and with local newspapers and industry publications.

Check this box if you do **not** want your certification accomplishments included in ACF communications or shared with media.

Signature: _____ Date: _____