

Initial CCE™ Certification Application
Certified Culinary Educator™



Return application and required documentation to:

American Culinary Federation, Inc.
 180 Center Place Way, St. Augustine, FL 32095
 (800) 624-9458 ▪ (904) 824-4468
 Fax: (904) 825-4758
 certify@acfcchefs.net ▪ www.acfcchefs.org

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Member ID#: _____ Chapter ID#: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Present Position: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____ Employer Phone: _____

MANDATORY REQUIREMENTS

Include proof of completed mandatory requirements with application. Acceptable documents include official transcript, copies of diplomas and employment verification letters on company letterhead. All requirements must be fulfilled before submitting application. Do not send originals.

1. Education	Date Completed	Documentation Included
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
Bachelor's Degree in any Discipline	_____	<input type="checkbox"/>
<i>Plus</i>		
120 Hours of Education Development	_____	<input type="checkbox"/>
<i>Minimum of 8 hours: Curriculum Planning & Development, Evaluation & Testing, Teaching Methodology, Education Psychology</i>		
Courses		
30–Hour Culinary Nutrition	_____	<input type="checkbox"/>
30–Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30–Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30–hour courses are older than five years.</i>		
8–Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8–Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8–Hour Refresher Supervisory Management	_____	<input type="checkbox"/>

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2. Work Experience*

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

***Requirements**

*2 years as a Chef de Cuisine or chef in charge of food production in a foodservice operation or Working Pastry Chef.
 Must have supervised at least 3 FT people in the preparation of food.
 Work documentation form on ACF Web Site. Experience must be within the past 10 years.*

3. 1200 Contact Hours of Teaching Experience

Official Letter Included

4. Classroom Video Demonstration *(Includes Lesson Plan)*

Video Included

5. Written Exam	Location	Date	Score Sheet Included
<i>(Score valid for 2 years)</i> _____	_____	_____	<input type="checkbox"/>

6. Practical Exam	Location	Date	Passing Form Included
<i>(Score valid for 1 year)</i> _____	_____	_____	<input type="checkbox"/>

Must take the CCC, CWPC or higher level exam.

Exempt from taking Practical Exam if awarded a Gold or Silver Medal in either an ACF F-1 or F-5 Individual Competition or WACS Hot Food Competition within the past 5 years. Documentation required.

PAYMENT INFORMATION

- \$200.00 ACF Member \$300.00 ACF Non-Member
- I have enclosed a check made payable to the American Culinary Federation (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. Certification is 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 local newspapers.

Signature

Date

Return Policy: The ACF reserves the right to retain \$15.00 of the certification fee for all returned applications.

Retention Policy: Certification documents will be retained for seven years after certification expiration.