

American Culinary Federation  
Recertification Application



**Return this cover sheet and appropriate documentation by:**

**Email (preferred):** certify@acfcchefs.net

**Fax:** (904) 940-0742

**Mail:** American Culinary Federation, Inc.  
Attn: Certification Department  
180 Center Place Way  
St. Augustine, FL 32095

**PERSONAL DATA** (Please type or print clearly)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Chapter ID# (If Applicable): \_\_\_\_\_ Member #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Present Position: \_\_\_\_\_

**RECERTIFICATION LEVELS**

**Please check level you are applying for.**

**COOKING PROFESSIONALS**

	<b>ACF MEMBER PRICING</b>	<b>STANDARD PRICING</b>
<input type="checkbox"/> Certified Culinarian® – CC®	\$ 50	\$100
<input type="checkbox"/> Certified Sous Chef™ – CSC™	110	210
<input type="checkbox"/> Certified Chef de Cuisine® – CCC®	120	220
<input type="checkbox"/> Certified Executive Chef® – CEC®	200	300
<input type="checkbox"/> Certified Master Chef® – CMC®	300	400

**PERSONAL COOKING PROFESSIONALS**

<input type="checkbox"/> Personal Certified Chef™ – PCC™	\$100	\$200
<input type="checkbox"/> Personal Certified Executive Chef™ – PCEC™	200	300

**BAKING AND PASTRY PROFESSIONALS**

<input type="checkbox"/> Certified Pastry Culinarian® – CPC®	\$ 50	\$100
<input type="checkbox"/> Certified Working Pastry Chef® – CWPC®	110	210
<input type="checkbox"/> Certified Executive Pastry Chef® – CEPC®	200	300
<input type="checkbox"/> Certified Master Pastry Chef® – CMPC®	300	400

**CULINARY ADMINISTRATORS**

<input type="checkbox"/> Certified Culinary Administrator® – CCA®	\$250	\$350
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**CULINARY EDUCATORS**

<input type="checkbox"/> Certified Secondary Culinary Educator® – CSCE®	\$125	\$225
<input type="checkbox"/> Certified Culinary Educator® – CCE®	200	300

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**CONTINUING EDUCATION HOURS (CEHs)**

Requirements: 80 hours of professional development every 5 years. Refresher requirement: 1st recertification, 8-hour refreshers in Food Safety and Sanitation, Nutrition, and Culinary Supervisory Management are included in the 80 hours. 2nd or subsequent recertification, only an 8-hour Food Safety and Sanitation refresher is required as part of total hours. *CMC/CMPC candidates are exempt from refresher requirements.*

Candidates with multiple ACF designations should document 80 hours for the first designation, 40 hours for the second designation and 20 hours for each subsequent designation thereafter, with respect to the refresher requirement listed above.

ACTIVITY	DATE	HOURS
1. Safety and Sanitation Refresher		8
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
<b>Continuing Education Hours Total</b>		_____

**PAYMENT INFORMATION**

- I have enclosed a check made payable to the American Culinary Federation
- Please bill my:  Visa  MasterCard  Amex  Discover

Account Number: \_\_\_\_\_ Expiration 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 media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_