



# American Culinary Federation Recertification 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

Once completed either email to [certify@acfchefs.net](mailto: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 Culinarian® (CC®)	\$50	\$135
Certified Sous Chef® (CSC®)	\$120	\$270
Certified Chef de Cuisine® (CCC®)	\$140	\$290
Certified Executive Chef® (CEC®)	\$210	\$360
Personal Cooking Professionals	ACF Member Rate	Non-Member Rate
Personal Certified Chef™ (PCC™)	\$120	\$270
Personal Certified Executive Chef™ (PCEC™)	\$210	\$360
Baking and Pastry Professionals	ACF Member Rate	Non-Member Rate
Certified Pastry Culinarian® (CPC®)	\$50	\$135
Certified Working Pastry Chef® (CWPC®)	\$120	\$270
Certified Executive Pastry Chef® (CEPC®)	\$210	\$360
Culinary Administrators	ACF Member Rate	Non-Member Rate
Certified Culinary Administrator® (CCA®)	\$250	\$400
Culinary Educators	ACF Member Rate	Non-Member Rate
Certified Secondary Culinary Educator® (CSCE®)	\$140	\$290
Certified Culinary Educator® (CCE®)	\$210	\$360

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### Continuing Education Hours (CEHs) Required:

- For CCs or CPCs, 48 hours of professional development required for your first designation; 24 hours for subsequent designations, if applicable.
- For all other levels of certification, 80 hours of professional development for your first designation; 40 hours for your second; and 20 for each subsequent designation, if applicable.

### Refresher requirements to be included in total CEHs:

- First-time recertifying: 8-hour refreshers in each Nutrition, Safety & Sanitation and Supervisory Management are required.
- Subsequent recertifications, only an 8-hour Safety & Sanitation is required.

Activity	Date	Hours
1. <u>Safety and Sanitation Refresher (current food manager card meets this requirement)</u>	_____	_____
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.

### 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, except CC® and CPC®, which are awarded for three 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: \_\_\_\_\_