

American Culinary Federation  
Recertification Application



Return to: **American Culinary Federation, Inc.**  
180 Center Place Way  
St. Augustine, FL 32095  
Toll-free: (800) 624-9458  
Fax: (904) 825-4758  
Web: [www.acfchefs.org](http://www.acfchefs.org)  
E-mail: [certify@acfchefs.net](mailto:certify@acfchefs.net)

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Chapter ID# (If Applicable): \_\_\_\_\_ Member #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
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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**RETURN POLICY**

The American Culinary Federation reserves the right to retain \$15 of the certification fee for returned applications.

**ADDITIONAL EDUCATION CONTINUING EDUCATION HOURS (CEHs)**

Requirements: 80 Continuing Education Hours every 5 years, including 8 hour refresher courses in Culinary Nutrition, Safety and Sanitation, and Culinary Supervisory Management.

ACTIVITY	DATE	HOURS
1. Culinary Nutrition Refresher		8
2. Safety and Sanitation Refresher		8
3. Culinary Supervisory Management Refresher		8
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 local newspapers.

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