



AMERICAN CULINARY FEDERATION

Certification Evaluator Application

Name: _____ ACF#: _____
Certification Level(s): _____ Recertification Date: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

Have you taken a practical exam? Yes No

If yes, list date: _____

If no, have you met any of the following exemptions?

- Competition Experience:** If within five years, a gold or silver medal was awarded in an ACF-sanctioned **F-3** or **F-4** three or four-course individual mystery basket competition (formerly known as an F-1) or **FP-1** pastry individual mystery basket competition (formerly known as an F-5).
- Culinary Instructor** for five (5) or more years (documentation required)
- ACF-Certified Culinary Judge**
- CMC®/CMPC®**

Have you attended the required Certification Evaluator Training? Yes No

If yes, list date & location _____

I hereby apply for approval as an approved ACF Certification Evaluator. I understand it is my responsibility to complete all requirements within two (2) years of application. By signing below I agree to abide by the Certification Code of Ethics and I authorize my contact information being listed on the ACF website as a Certification evaluator.

Applicant Signature

Date