



CFC/CFPC Initial Certification Application

Certified Fundamentals Cook/Certified Fundamentals Pastry Cook

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 email to certify@acfchefs.net or mail this form and payment to the address above.

Applying for: Certified Fundamentals Cook (CFC) Certified Fundamentals Pastry Cook (CFPC) Both

Personal Information

First Name: _____ MI: ____ Last Name: _____ ACF #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name (as it should appear on certificate): _____

Sponsoring Program: _____

Mandatory Requirements

Include proof of educational background and successful completion of exams with application. Acceptable documents include transcripts, diplomas, certificates of completion, and exam score sheets. Do not send originals.

1. Education	Date Completed	Documentation Included
ACFEF Apprenticeship Program or	_____	
ACFEF Certificate Program Graduate or	_____	
High School Diploma/GED or	_____	
75 Continuing Education Hours	_____	
Courses		
30-Hour Culinary Nutrition	_____	
30-Hour Food Safety & Sanitation	_____	
2. NOCTI Exams Passed (For more information about registering for your NOCTI exam, please go to www.nocti.org/certificateprogram-acf.cfm)		
ACF Culinary Arts ACF Retail Commercial Baking ACFEF Certificate Program (NOCTI exams exempt)		
Written (70%)	_____	
Performance (75%)	_____	

CFC/CFPC Initial Certification Application

Certified Fundamentals Cook / Certified Fundamentals Pastry Cook

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Payment Information

\$35.00 ACF Member Fee (fee is non-refundable) \$50.00 Non-Member Fee (fee is non-refundable)

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: _____

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 three years. 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: _____

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