



Step 1: Initial CCE[®] Pre-Approval Application

Certified Culinary Educator[®]

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, 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: _____

Mandatory Requirements

Include proof of education, courses and work experience with application. Acceptable documents include copies of transcripts, diplomas, certificates of completion and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
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Associate's Degree in Culinary Arts or _____

Bachelor's Degree in any Discipline _____

Plus

120 hours of Education Development _____

Minimum of 8 hours: Curriculum Planning & Development, Evaluation & Testing, Teaching Methodology, Education Psychology

Courses

30-Hour Culinary Nutrition _____

30-Hour Food Safety & Sanitation _____

30-Hour Culinary Supervisory Management _____

Eight hour refresher course required if initial 30-hour courses are older than five years.

8-Hour Refresher Culinary Nutrition _____

8-Hour Refresher Food Safety & Sanitation _____

8-Hour Refresher Supervisory Management _____

2. Work Experience: Two years as a Chef de Cuisine or Working Pastry Chef. Must have supervised at least 2 full-time people in the preparation of food. Industry work experience must be within ten years prior to employment as a culinary instructor.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. 1,200 postsecondary teaching contact hours are required. Teaching contact hours must be within the past ten years.

Official Letter Included

Note: Once application is approved you are eligible to take the written and practical exam.

Certification must be completed within three years of approval. If certification is not complete within three years, reapplication will be required.

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Payment Information

\$50.00 ACF Member Pre-Approval Fee (fee is non-refundable)

\$100.00 Non-Member Pre-Approval 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 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: _____

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