



# Step 1: Initial CSC<sup>®</sup> Pre-Approval Application

Certified Sous Chef<sup>®</sup>

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: \_\_\_\_\_

## 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
High School Diploma/GED or	_____	
*150 Continuing Education Hours or	_____	
ACFEF Culinary Arts Program Certificate or	_____	
Associate's Degree in Culinary Arts or	_____	
ACFEF Apprenticeship Program	_____	

### 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 \_\_\_\_\_

**\*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.**

**2. Work Experience:** Five years as an entry level culinarian, four years with an ACFEF Culinary Arts Program Certificate or three years with an Associates Degree in Culinary Arts. Graduates of the ACFEF Apprentice Program must have completed 4,000 hours on the job training. Experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation 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.