



Step 1: Initial PCC™ Pre-Approval Application

Personal Certified Chef™

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
High School Diploma/GED plus *50 CEHs or	_____	
*150 Continuing Education Hours or	_____	
Associate's Degree in Culinary Arts or	_____	
ACFEF Apprenticeship Program	_____	

Courses

30-Hour Culinary Nutrition _____

30-Hour Food Safety & Sanitation _____

30-Hour Culinary Business 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 Business Management _____

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

2. Work Experience: Three years as an entry-level culinarian plus a minimum of one full time year employed as a person chef who is engaged in the preparation, cooking, serving, and sorting of foods on a "cook-for-hire-basis." 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.