



American Culinary Federation Recertification Assistance Program

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0742 • www.acfchefs.org

Please complete application, attach documentation and email to certify@acfchefs.net or mail this form to the address above.

PURPOSE OF RECERTIFICATION ASSISTANCE PROGRAM

Provide needed support for chefs experiencing a financial hardship. Funds are for recertification only.

AWARD PARAMETERS

Applicants can request up to a maximum of \$500 to be used for the following:

1. Recertification Fee
2. Refresher Courses—up to three online 8-hour courses—via voucher system between provider and ACF

Recipients may receive up to \$500 credit to use for recertification fee and refreshers that would be pre-paid by ACF. No funds will be distributed.

Revocation of Award: ACF reserves the right to cancel the awarding of recertification assistance at any time if the applicant fails to meet the recertification standards, any other assistance requirements, or falsifies information reported.

Notice of Award: Applicants will be notified by mail and/or email of any assistance award or denial.

PERSONAL INFORMATION

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

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Employer: _____ Employer Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Present Position: _____ Chapter ID # (if applicable): _____

REQUIREMENTS

Current ACF member in good standing Valid Through Date: _____

Level of Certification Level: _____

Certification scheduled to expire (within 18 months) Expiration Date: _____

Supplemental Requirements

Documentation Included

Copy of Resume and/or Employment History

A one-page statement explaining why you should be considered for the assistance program

Include considerations for eligibility, due to your financial hardship, overview of experience and background, goals, include the amount requested, use of recertification assistance funds as well as any other factors you consider relevant.

Recertification application with documentation of CEHs earned

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I CERTIFY IN MAKING THIS APPLICATION THAT:

1. The statements on this application are true and correct.
2. I am not a current member of the American Culinary Federation Board of Directors or Certification Commission.
3. I am eligible for assistance because I will not be reimbursed for fees, or related recertification expenses by my employer.
4. I did not suffer loss of job/unemployed as-a-result of poor performance, criminal or unethical business practices.
5. I understand that the award must be used within 12 months of receiving the award and before certification expiration date.
6. I understand I must still complete the recertification application and meet all applicable recertification requirements.
7. I understand this is a one-time award and if granted, I will not be eligible for any future recertification assistance.
8. I understand that the awards are determined by the Recertification Assistance Program Subcommittee. All decisions are final.

Signature: _____ Date: _____

Note: All information provided will be held strictly confidentially. Details regarding your request will only be viewed by the ACF Recertification Assistance Program Subcommittee. Assistance will be awarded based on availability of funds.