



American Culinary Federation

Practical Exam Candidate Registration Form

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 and payment to the address above.

PERSONAL INFORMATION

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

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Exam Location: _____ Exam Date: _____

Certification level you are testing for

Certified Culinarian® (CC®)

Certified Pastry Culinarian® (CPC®)

Certified Sous Chef® (CSC®)

Certified Working Pastry Chef® (CWPC®)

Certified Chef de Cuisine® (CCC®)

Certified Executive Pastry Chef® (CEPC®)

Certified Executive Chef® (CEC®)

Personal Certified Executive Chef™ (PCEC™)

Personal Certified Chef™ (PCC™)

PAYMENT INFORMATION

\$50.00 ACF Member Practical Exam Fee

\$100.00 Non-Member Practical Exam Fee

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp Date: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

If you need to cancel an exam after you have registered, you must contact both the ACF office and the test site administrator within two weeks of the test date. The ACF registration fee may be transferred to a new test date within six months or will be forfeited. Host sites may charge an additional fee that is payable to the test site administrator hosting the exam, if applicable. Host site fees are separate from the amount due to the American Culinary Federation. Contact the test administrator to confirm test time, host site fee and other specifics about the facility and/or test.