



AMERICAN CULINARY FEDERATION Practical Exam Candidate Registration Form

Please complete this registration form and submit to ACF prior to the scheduled Practical Exam date.

NAME: _____ ACF Member #: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____

DATE OF EXAM: _____ EXAM LOCATION: _____

Indicate the certification level you are testing for:

CC___ CPC___ CSC___ CWPC___ CCC___ CEC___ CEPC___ PCC___ PCEC___

Practical Exam fee due to ACF:

ACF Member fee - \$50

Non-Member fee - \$100

Test sites may charge an additional host site fee that is payable to the organization hosting the exam. Payment for any host site fees are separate from the amount due to ACF and are coordinated by the test site administrator. Contact the test administrator to confirm test time, host site fee and specific details about the facility and test.

Method of Payment: _____ Amount Paid: \$ _____

1) Check Mailed _____

2) Credit Card: VISA/MC/AMEX/DISCOVER (circle one)

Credit Card #: _____

Expiration Date: _____

Name as it appears on credit card: _____

Submit this form with payment via fax, email or mail to:

American Culinary Federation
180 Center Place Way
St. Augustine, FL 32095
Email: certify@acfcchefs.net
Fax: 904-825-4758