

Certified Culinarian®/Certified Pastry Culinarian®  
ACFEF Accredited CERTIFICATE/DIPLOMA Resume Form



**Return application and required documentation to:**

**Email (preferred):** certify@acfchefs.net

**Fax:** (904) 940-0742

**Mail:** American Culinary Federation, Inc.  
Attn: Certification Department  
180 Center Place Way  
St. Augustine, FL 32095

**PERSONAL INFORMATION**

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

- Type of Certificate/Diploma Attained:  Culinary Arts — Certified Culinarian® Certification — Valid 3 yrs.  
 Baking/Pastry Arts — Certified Pastry Culinarian® Certification — Valid 3 yrs.  
 Both — Certified Culinarian® Certification and Certified Pastry Culinarian® Certification — Valid 3 yrs.

Graduate's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ ACF #: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

**Documentation Included**

1. Copy of final college transcript showing date of graduation and degree earned
2. Documentation of ACF membership at time of graduation   
 I would like to receive ACF Membership information
3. Documentation of minimum one year entry level culinarian work experience

**Resume form and documentation must be received within one year after the official graduation date. After one year, published certification requirements and fees will apply.**

**PAYMENT INFORMATION**

- No fee for ACF Member  \$85.00 Non-Member
- 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: \_\_\_\_\_

**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 three 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 box if you do not want your certification accomplishments included in ACF communications or shared with local newspapers

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Retention Policy:** Certification documents will be retained for seven years after certification expiration.