



# CMPC® Certification Application

Certified Master Pastry 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](mailto: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: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

## Requirements

All requirements must be fulfilled before submitting application. Do not send originals.

Letter of intent to apply for ACF's CMPC® examination

Recommendation letters from two CMPC®s/CMC®s

Valid ACF Chef Certification, CEPC®\* or CCE®\*\* with special permission

Updated résumé

Letter of commitment and support from present employer

Documentation of completion of 30 hour wine course

**\*CEPC applicants approved prior to 1/1/18 must document 30 hours of cost management.**

**\*\*These candidates must be approved through the National Office and may need to provide additional documentation, such as 30 hour cost management course.**

## Payment Information

\$300.00 Application 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: \_\_\_\_\_

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## 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.

**Valid for five years from date of pre-approval to test for CMPC.**