



American Culinary Federation Request for Special Accommodations

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, mail this form and payment to the address above or fax to number above.

If you have a disability covered by the Americans with Disabilities Act, or qualify for possible accommodations, such as English as a Second Language (ESL), complete this form along with documentation of related disability or need. **Submit your request at least 45 days prior to your requested examination date.**

Personal Information

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

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Requested Accommodations

Written Exam: Level _____ Practical Exam: Level _____

Written Exam

Special seating or physical accommodation

Extended time

Distraction free room

Text to speech (reader)

Practical Exam

Special seating or physical accommodation

Extended time (detail reason below)

Severe food allergies

Details:

Please note: For ESL special accommodations, only the "Request for Special Accommodations form" is required. The ESL special accommodation can be either an additional 30 minutes or a reader. The reader may only read the exam verbatim in English.

Privacy Statement: The American Culinary Federation (ACF) is committed to protecting the privacy of any personal information you may provide. The ACF will not use or share any personal information provided by applicants with anyone outside of testing personnel who will be reviewing the accommodation request without the consent of the individual to whom the information relates.

Description of Disability, condition, or language barrier:

I understand that this is a request for reasonable accommodations due to a disability, condition, or language barrier. Accommodations may be approved by the national office; however, requests may also be denied if they interfere with the integrity of the exam.

I attest that the information provided is complete and accurate. I understand that if I provide false information and/or documents, the ACF may revoke or suspend any subsequent certifications earned in utilizing the accommodations provided.

Signature: _____ Date: _____

Request for Special Accommodations

Documentation of Accommodation Needs

Request for Professional Opinion Related to Accommodation Needs

Provide the following form to the National Office with Request for Accommodation form. A qualified professional must complete the form. A qualified professional includes educational psychologist, learning disability specialist, licensed physician, licensed psychologist, and/or licensed psychiatrist.

Submit any professional documentation from the list below necessary to validate the reason for applicant's need.

- Recommendations of qualified professionals
- Proof of past testing accommodations
- Observations from educators
- Results of psycho-educational or other professional evaluations
- History of diagnosis

Personal Information

Candidate Name: _____ ACF #: _____ Date of Birth: _____

Date Treated/Evaluated: _____ Date of Release, if applicable: _____

Professional Name: _____ ACF #: _____ Date: _____

Professional Title: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I verify that the attached documentation is valid and true. It is my opinion that because of this applicant's circumstance (described below), he/she should be accommodated by providing the special arrangements listed and evidenced.

Written Exam

- Special seating or physical accommodation
- Extended time
- Distraction free room
- Text to speech (reader)

Practical Exam

- Special seating or physical accommodation
- Extended time (detail reason below)
- Severe food allergies

Special Notes:

Signature: _____ Date: _____