

Evaluator Profile Sheet
American Culinary Federation Education Foundation Inc.



Return to: American Culinary Federation, Inc.
Attn: Accreditation Department
180 Center Place Way
St. Augustine, FL 32095

Toll-free: (800) 624-9458
Fax: (904) 825-4758
www.acfchefs.org

ACF Member Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home/Cell Phone: _____

Fax Number: _____ Email Address: _____

Name of Employer: _____

Employer Address: _____

ACF/Industry Certifications: _____

I am currently classified as:

Culinary Educator Industry Chef Both

Availability: September – December _____ January – May _____

Attended Workshop at: _____ Date: _____

Experience: _____ Years in industry (as Sous Chef or higher)

_____ Years as an instructor and/or program coordinator

Current Passport: _____ Languages Spoken: _____

List your degree, dates attended and school from which graduated:

Please respond to the following questions:

A. I have served/am presently serving on a school's advisory committee for culinary arts. Y N
If so, where at? _____

B. I am currently teaching part time in a culinary arts program. Y N
If so, where at? _____

C. I have given presentations for a culinary arts program. Y N
If so, where at? _____

D. I have experience with apprenticeship programs. Y N
Describe: _____

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E. I have been involved with **secondary** culinary arts programs. Y N

Describe: _____

F. I have conducted evaluations for institutional/program accreditors. Y N

If so, what accrediting body? _____

G. I have **no** experience or knowledge about accreditation. Y N

H. Additional Comments: _____

Financial Responsibilities:

I understand and agree that expenses that I incur during a program site visit will be reimbursed according to the ACFEF travel expense reimbursement policy. If for any reason, the travel expenses that I incur (includes airline/rail/bus ticket and any other related expenses), are not used for the scheduled site visit, I will be responsible for reimbursing the ACFEF no later than two (2) weeks after the scheduled site visit.

Evaluator Signature

Date: _____