



American Culinary Federation Education Foundation
**Application to Offer ACF-Approved
Continuing Education Hours**

American Culinary Federation, Inc. ▪ Attention: Education ▪ 180 Center Place Way ▪ St. Augustine, FL 32095 ▪ Toll-free: (800) 624-9458 ▪ www.acfchefs.org

Please complete one application for each program or event. Renewing programs need to complete the payment page only. Send completed applications with documentation and payment to educate@acfchefs.net or American Culinary Federation, Professional Development Department, 180 Center Place Way, St. Augustine, FL 32095.

Contact Information

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Program Information

Course/Program Title: _____

Program Type: One-time, Start Date: _____ End Date: _____

Recurring/Ongoing (online)

Renewal (please go to payment page)

Total CEHs requested: _____

Approval Checklist: Please include the following with your completed form.

List or attach learning objectives

Attach a program/event timeline and description - include list of topics to be covered.

List or attach presenter qualifications - if you have not yet selected a presenter, please list the minimum qualifications he/she will have.

Describe how the program will be evaluated or attach a copy of the evaluation survey.

Attach a copy of certificate of attendance to be given to attendees upon completion of program. Attendees must receive a certificate, letter or other documentation stating program title, date, participant's name and number of CEHs earned. If you do not have one, one can be provided to you.

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Online Listing

Do not publish online (skip this section)

Event Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact name and email, if different from above: _____

Subject Area: Baking & Pastry Culinary Skills Educator Skills Management
 Nutrition Professional Development Sanitation

Enhanced Web Listing (additional charge)

Enhance visibility and increase attendance by highlighting your program/event on the ACF website with your company logo and program description. Please note the additional fee on the payment page.

Logo - Please send company/event logo (jpg or eps file, 468 pixels wide x 60 pixels tall) to educate@acfchefs.net.

Please describe or attach a description as it will appear online (100 words or less)

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Payment Information

New Application

Renewal Application

No changes

Please list or attach changes to the program

CEH Provider Payment Information:

\$100.00 Basic Online Listing

\$150.00 Enhanced Online Listing

Multiple program fee applicable to programs/events submitted within one calendar year.

Multi-year (up to 5 years): _____

Number of Programs	Basic (per program)	Enhanced (per program)
3-6	\$90	\$110
7-9	\$80	\$100
10 or more	flat fee \$750	flat fee \$1,000

ACF Chapter Sponsored CEH Payment Information:

CEH Approval Processing Fee is waived for ACF Chapter sponsored program

\$50.00 CEH Approval Processing Fee for ACF Chapter Enhanced Web Listing

Payment Information

I have enclosed a check made payable to the American Culinary Federation (ACF).

Part of multiple program fee.

Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp Date: _____ CSC #: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____