American Culinary Federation Education Foundation

Postsecondary and Secondary Accreditation Application

American Culinary Federation, Inc. • accreditation@acfchefs.org • 6816 Southpoint Pkwy, Ste 400 • Jacksonville, FL 32216 • (800) 624-9458 • www.acfchefs.org

Once completed, email to accreditation@acfchefs.org.

Instructions

1. Complete all fields, sign and date as indicated on the application.
2. Attach the following supporting documents to the application:
   a. Copy of legal licensure to operate and a state certificate of approval to provide postsecondary or secondary education by the Department of Education or comparable government agency.
   b. Postsecondary only: A copy of certification of institutional accreditation.
   c. A list of five graduates within the past 5 years and their places of employment. Include name, address, email and phone number of both graduates and employers.
   d. Brochure describing programs content and a link to programs landing page on institutions website: _____
3. Fee Schedule: See attached

Institution Information

IMIS ID (for ACFEF Use): _____ School Type (check one): ○ Postsecondary ○ Secondary ○ Dual

Name of School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Website: _____

Program Coordinator: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Institution's President/Director/Dean: _____

Title: _____ Email: _____

Notice of Institutional Responsibilities:

Upon the scheduling, rescheduling, cancellation, or final outcome of an ACFEF Postsecondary and Secondary Accreditation Site-Visit, any and all expenses incurred, including airline/rail/bus tickets and rental car expenses, by the ACFEF for the purpose of the Postsecondary and Secondary Accreditation Site Visit will be reimbursed by the Educational Institution making this application.

All documents submitted to the ACFEF by the Educational Institution submitting this application will be verified to be accurate and truthful and are the responsibility of the Educational Institution Representative approving and signing this application.

Program Seeking Grant of ACFEF-AC Postsecondary and Secondary Accreditation

Please include programs name, as it will appear on the certificate.

The program and institution meeting the eligibility criteria will have their name(s) published publicly for comments from individuals who possess information concerning the program's qualifications for accreditation. Public comment information will be in writing and addressed to the Chair of the Accrediting Commission.

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Check one: ○ Initial ○ Renewal

Program Name: ______________________ # Years established: ____________

Initial ACFEF Accreditation Date: ______________________ Expiration Date: ____________

Total Contact Hours for Completion: ______________________ Total Credit Hours: ____________

Program Type: ○ Certificate ○ Diploma ○ Associate Degree ○ Bachelor Degree

# of Technical Faculty: FT ______ PT ______ # of Students: FT ______ PT ______ # of Graduates last year: ______

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Program Name: ______________________ # Years established: ____________

Initial ACFEF Accreditation Date: ______________________ Expiration Date: ____________

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# of Technical Faculty: FT _____ PT _____ # of Students: FT _____ PT _____ # of Graduates last year: _____

ACFEF Postsecondary and Secondary Accreditation Agreement

With this application, the (name of school) _____ is seeking Postsecondary and Secondary Accreditation from the American Culinary Federation Education Foundation, Inc. Accrediting Commission.

As the legal representative of the institution, I understand that it is my responsibility to provide the ACFEF with all documentation requested in the application. In submitting this application, I acknowledge that the information I have provided is accurate. I hereby give the ACFEF the right to make a thorough investigation of the information provided and to see educational references. I release from liability all person and companies supplying information to the ACFEF for the purpose of this application. I release all persons I have listed in this application against any liability, which might result from such an investigation.

I am aware that all educational information on the application must be accompanied by the appropriate documentation, as requested in the application, which may include letters of recommendation, newspaper and magazine articles and /or documentation relating to establishments and institutions. I am aware that all documentation provided will be retained by the ACFEF. All documents in a language other than English must be accompanied by a notarized English translation.

I agree to hold the American Culinary Federation Education Foundation, Inc., and its Accrediting Commission harmless from any and all liability in the event this application is rejected on the basis of the information provided to the ACFEF by me or third persons, who would, in the judgment of the ACFEF, make the institution ineligible for accreditation / certification. I agree to accept the Commission's decision as to our eligibility for Postsecondary and Secondary Accreditation. I understand that

Postsecondary Accreditation is awarded for terms of 3, 5 or 7 years, and Secondary Accreditation are awarded for terms of 3 or 5 years. Both Postsecondary and Secondary Accreditation will need to be renewed at the expiration of the awarded term.

I understand that if areas of non-compliance to the ACFEF Standards are found after the review of the application and the programmatic site visit, the institution must complete all the requirements for Postsecondary and Secondary Accreditation within six months, or assume a reexamination fee for a second review. The same application cannot be submitted twice.

I further acknowledge that following Postsecondary and Secondary Accreditation by the ACFEF Accrediting Commission, the institution pledges to uphold the standards required by the Postsecondary and Secondary Accreditation process.

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Application Submitted by

Program Coordinator/Lead Instructor: _____

Signature: _____ Date: _____

Application Approved by

Authorized Educational Institution Representative: _____

Signature: _____ Date: _____

Disclaimer: This application for Postsecondary and Secondary Accreditation from the American Culinary Federation Education Foundation will not be considered, unless all signatures requested are provided.