



American Culinary Federation

Certified Fundamentals Cook® (CFC®) and Certified Fundamentals Pastry Cook™ (CFPC™) Application

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

Please complete application and email to certify@acfchefs.org or mail this form and payment to the address above. Please allow 2-3 weeks for processing.

Program Information

Program Name: _____

Program Director Name: _____

Program Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Program Completion Date: _____

Student Contact Information is requested for all candidates. Submission is voluntary for minors. Any contact information provided for the students under the age of 18 must be done with the permission of the parents and/or guardians.

ACFEF Program Graduate (No Exam Documentation Required)

By signing below, I confirm that students listed have successfully passed our program and verify that they meet the knowledge, skills, and competencies outlined by the ACFEF.

Signature: _____ Date: _____

Retention Policy: Certification documents will be retained for seven years after certification expiration.

Non-ACFEF Program Graduate with Exam Documentation

By signing below, I confirm that students listed have successfully passed our program and associated NOCTI exams.

Signature: _____ Date: _____

Retention Policy: Certification documents will be retained for seven years after certification expiration.

Payment Information

Payment due is per student and per certification.

\$35.00 ACF Member \$50.00 Non-Member

\$150.00 - Expedited Shipping Fee

Expedited fee is optional and guarantees that all certification certificates will be shipped from the ACF within 7 business days. Standard 2-3 week processing times will apply to all other applicants. Expedited services only available to ACFEF Secondary Accredited Programs.

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

Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp Date: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Name on Account: _____ Signature: _____

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Student Information

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____

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

Certification Level: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Written Exam Score (Minimum 70%): _____ Performance Exam Score (Minimum 75%): _____