



American Culinary Federation Emeritus Application

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

Once completed, either email to certify@acfchefs.org, or mail this form and payment to the address above.

Personal Information

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

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Name (as it should appear on certificate): _____

Emeritus is offered to certified chefs upon reaching the age of 62 or if retired from the industry at any age due to disability. Chefs must hold a current certification to be eligible to apply for Emeritus. Emeritus indicates that you are no longer working full-time in a kitchen environment. You have earned and maintained your certification over the course of your career and achieving emeritus is an honor.

Once Emeritus is granted, Emeritus must be included after each certification designation. Ex: Jane Smith CEC Emeritus, CEPC Emeritus. Please indicate eligibility request and attach appropriate documentation.

Age 62 (copy of a driver's license, birth certificate or other official documentation providing applicant's age)
Retired due to disability (Letter from a physician attesting the certificant is retired for medical reasons and not able to work.
Personal and private information is not required.)

Certification Level

Enter the Certification Level(s) you are applying for: _____ , _____

_____ , _____

Payment Information

Select payment option: _____

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

Please bill my: Visa MasterCard Amex Discover

Credit Card Number: _____ Exp Date: _____ CSC: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Name on Credit Card: _____ Signature: _____

With this application, I verify the information provided is truthful and accurate. I grant the ACF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to adhere to the ACF Certification Code of Ethics, Designation Usage and policies of the certification program and agree to accept the ACF Certification Commission's determination on all certification decisions. All certifications are awarded for five years and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow ACF to share my certification accomplishment in ACF communications and with local newspapers and industry publications.

Check this box if you do **not** want your certification accomplishments included in ACF communications or shared with media.

Signature: _____ Date: _____