



American Culinary Federation

# Written Exam Additional Attempt Form

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

Please complete application and email to [certify@acfchefs.org](mailto: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: \_\_\_\_\_

## Certification level you are testing for

Certified Culinarian® (CC®)

Certified Pastry Culinarian® (CPC®)

Certified Sous Chef® (CSC®)

Certified Working Pastry Chef® (CWPC®)

Certified Chef de Cuisine® (CCC®)

Certified Executive Pastry Chef® (CEPC®)

Certified Executive Chef® (CEC®)

Personal Certified Executive Chef™ (PCEC™)

## Payment Information

\$50.00 ACF Member Additional Attempt

\$65.00 Non-Member Additional Attempt

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 Account: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make sure you have completed the written exam proctor form on the American Culinary Federation website.