



American Culinary Federation Education Foundation

Application to Become an ACFEF-Approved Program

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

Organization/School Information

Organization/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Director/Administrator Name: _____

Phone: _____ Fax: _____

Email: _____ Web Address: _____

Non-profit organization (please provide a copy of your 501(c)3 certificate or letter on official state government letterhead.)

Primary Contact (if different from above)

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

Home Phone: _____ Cell Phone: _____ Email: _____

Position/Title: _____

Secondary contact (required)

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

Home Phone: _____ Cell Phone: _____ Email: _____

Position/Title: _____

Program Information

Name: _____

Type: Certificate Online Certificate Workforce Training

Overall Length: _____

Classroom Time: _____ Hands-on Time: _____

Delivery method (check all that apply): Lecture Demonstration Hands-on Online Other: _____

Major area of study: Culinary Baking/Pastry Hospitality Management Other: _____

Year Started: _____ Number of Currently Enrolled Students/Participants: _____

Approval Checklist (Please include the following with your completed form)

Full description of program, including mission statement

Current resume of director/administrator

Current resume of instructors

Program outline, to include syllabi and/or lesson plans

Program advertising brochure/flyer

Copy of recognition documents given to students/participants upon completion of program.

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Payment Information

The annual fee will be prorated in the initial application year and is due once the program has completed the site visit and has been approved.

	Non-profit	For-profit
Initial application fee (non-refundable)	\$175	\$250
Annual fee	\$600	\$1,200
Renewal application fee (non-refundable)	\$50	\$85

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: _____

Agreement

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the ACFEF education taskforce and will provide additional information or verification upon request.

Signature: _____ Date: _____

Name: _____ Position/Title: _____