



American Culinary Federation Education Foundation

# Application to Offer ACF-Approved Continuing Education Hours

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

Please complete one application for each session/event. Renewing sessions/events need to complete the payment page only. Send completed applications with documentation and payment to [educate@acfchefs.org](mailto:educate@acfchefs.org) or American Culinary Federation, Professional Development Department, 6816 Southpoint Pkwy, Ste 400, Jacksonville, FL 32216.

## Contact Information

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Session/Event Information

If you are submitting multiple sessions, please complete an application for each session with payment information on the first application.

Course/Program Title: \_\_\_\_\_

Program Type: Individual Session

Event

Renewal (please go to payment page)

Total CEHs requested: \_\_\_\_\_

## Approval Checklist: Please include the following with your completed form.

List or attach learning objectives

Attach a session/event timeline and description - include list of topics to be covered.

List or attach presenter qualifications - if you have not yet selected a presenter, please list the minimum qualifications he/she will have.

Describe how the session/event will be evaluated or attach a copy of the evaluation survey.

Attach a copy of certificate of attendance to be given to attendees upon completion of program. Attendees must receive a certificate, letter or other documentation stating program title, date, participant's name and number of CEHs earned. If you do not have one, one can be provided to you.

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## Online Listing

Listing on the ACF CEH opportunities page is included in the price. Please fill out all the applicable information below.

Do not publish online (skip this section)

Event Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Event Date: \_\_\_\_\_

Contact name and email, if different from above: \_\_\_\_\_

**Subject Area:**    Baking & Pastry            Culinary Skills            Educator Skills            Management  
                         Nutrition            Professional Development            Sanitation

Please describe or attach a description as it will appear online (100 words or less)

**Logo:** Attach a company/event logo (jpg or eps file, 468 pixels wide x 60 pixels tall) to [educate@acfchefs.org](mailto:educate@acfchefs.org)

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## Payment Options

New Application

Renewal Application

No changes

Please list or attach changes to the session/event

## CEH Provider Payment Information:

ACF Chapter-Sponsored Sessions: No fee

### Single Sessions:

	Non-profit	For-profit
Individual Sessions (seminars, webinars, online courses)	\$110	\$150
Events, 1-2 days	\$125	\$175
Events, 3+ days	\$150	\$200

### Multiple Individual Sessions:

	Non-profit	For-profit
3-6 sessions	\$100 per session	\$130 per session
7-9 sessions	\$90 per session	\$120 per session
10+ sessions	\$850 flat fee	\$1,200 flat fee

## Payment Information

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: \_\_\_\_\_