



American Culinary Federation Certification Evaluator Application

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Please complete application and email to certify@acfchefs.net or mail this form to the address above.

Personal Information

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

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Certification Level(s)/Recertification Date(s): _____

Have you taken a practical exam? Yes No

If yes, list date: _____

If no, have you met any of the following exemptions?

Culinary Instructor for five (5) or more years (documentation required)

ACF-Certified Culinary Judge

CMC®/CMPC®

Have you attended the required Certification Evaluator Training? Yes No

If yes, list date: _____

I hereby apply for approval as an ACF approved Certification Evaluator. I understand it is my responsibility to complete all requirements within two (2) years of application date. Submission of application is intended for entrance into training program. To become an Evaluator, you must complete the training (if not already completed) and three (3) apprenticeships under the supervision of an Approved Mentor or Trainer within two years. Critiques and Evaluations received from Approved Mentors and Trainers will determine final approval. Additional training/apprenticeships may be requested, if Approved Mentor or Trainer does not feel you are ready to become a Certification Evaluator. By signing below I agree to abide by the Certification Code of Ethics and I authorize my contact information being listed on the ACF website as an approved evaluator.

Signature: _____ Date: _____