



# Step 1: Initial CC<sup>®</sup> Pre-Approval Application

Certified Culinarian<sup>®</sup>

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

Once completed either email to [certify@acfchefs.net](mailto:certify@acfchefs.net), mail this form and payment to the address above or fax to number above.

## Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ ACF #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## Mandatory Requirements

Include proof of education, courses and work experience with application. Acceptable documents include copies of transcripts, diplomas, certificates of completion and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
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High School Diploma/GED or	_____	
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*100 Continuing Education Hours or	_____	
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Culinary Arts Program Certificate or	_____	
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Associate's Degree in Culinary Arts or	_____	
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ACFEF Apprenticeship Program	_____	
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### Courses

30-Hour Culinary Nutrition	_____	
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30-Hour Food Safety & Sanitation	_____	
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30-Hour Culinary Supervisory Management	_____	
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**Eight hour refresher course required if initial 30-hour courses are older than five years.**

8-Hour Refresher Culinary Nutrition	_____	
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8-Hour Refresher Food Safety & Sanitation	_____	
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8-Hour Refresher Supervisory Management	_____	
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**\*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.**

**2. Work Experience:** Two years as an entry-level culinarian or one year with a Culinary Arts Program Certificate. The work experience is exempt with an Associates Degree in Culinary Arts or graduating from the ACFEF Apprenticeship Program. Work experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
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_____	_____	_____	_____	
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_____	_____	_____	_____	
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**Note:** Once application is approved you are eligible to take the written and practical exam.

Certification must be completed within three years of approval. If certification is not complete within three years, reapplication will be required.

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## Payment Information

\$50.00 ACF Member Pre-Approval Fee (fee is non-refundable)

\$100.00 Non-Member Pre-Approval Fee (fee is non-refundable)

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: \_\_\_\_\_

## Certification Agreement

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. Certification is awarded for three 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: \_\_\_\_\_

**Retention Policy:** Certification documents will be retained for seven years after certification expiration.