



Step 1: Initial CEPC® Pre-Approval Application

Certified Executive Pastry Chef®

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, 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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*250 Continuing Education Hours or	_____	
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Associate's Degree in Culinary Arts or	_____	
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ACFEF Apprenticeship Program plus 50 CEHs	_____	
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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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30-Hour Cost Control Management	_____	
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30-Hour Beverage 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, Cost Control Management and Beverage Management count toward continuing education.

2. Work Experience: Five years as a Pastry Chef in charge of food production in a foodservice operation. Must have supervised at least 3 full time people in the preparation of food. Experience must be within 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 five 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.