



American Culinary Federation

# Certified Fundamentals Cook® (CFC®) and Certified Fundamentals Pastry Cook™ (CFPC™) 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](mailto:certify@acfchefs.net) or mail this form and payment to the address above.  
Please allow 2-3 weeks for processing.

## Program Information

Program Name: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Program Completion Date: \_\_\_\_\_

Student Contact Information is requested for all candidates. Submission is voluntary for minors. Any contact information provided for the students under the age of 18 must be done with the permission of the parents and/or guardians.

### ACFEF Program Graduate (No Exam Documentation Required)

By signing below, I confirm that students listed have successfully passed our program and verify that they meet the knowledge, skills, and competencies outlined by the ACFEF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Non-ACFEF Program Graduate with Exam Documentation

By signing below, I confirm that students listed have successfully passed our program and associated NOCTI exams.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Payment Information

**Payment due is per student and per certification.**

\$35.00 ACF Member     \$50.00 Non-Member

\$150.00 - Expedited Shipping Fee

*Expedited fee is optional and guarantees that all certification certificates will be shipped from the ACF within 7 business days. Standard 2-3 week processing times will apply to all other applicants. Expedited services only available to ACFEF Secondary Accredited Programs.*

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my:    Visa        MasterCard        Amex        Discover

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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

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

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Student Information

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

Certification Level: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Written Exam Score (Minimum 70%): \_\_\_\_\_ Performance Exam Score (Minimum 75%): \_\_\_\_\_

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

Certification Level: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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