



ACFEF Accredited Program Graduate Certification 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

Congratulations, you have graduated from an ACFEF Accredited Program!

As a graduate, you are eligible for ACF Certification. Please complete application, attach documentation and either email to certify@acfchefs.net, mail this form and payment to the address above or fax to number above.

Applying for: Certified Culinarian® (CC®) Certified Pastry Culinarian® (CPC®) Both

Personal Information

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

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of School: _____

Name (as it should appear certificate): _____

Mandatory Requirements

Education	Graduation Date	Transcript Included
Certificate Program (<i>work experience required</i>)	_____	
Associate's Degree Program	_____	
Bachelor's Degree Program	_____	

All Applicants

Documentation Included

Copy of final college transcript showing school name, graduation date, and program of study

Documentation of ACF Membership or \$85.00 non-member application fee

Certificate Program Applicants Only

Employment verification for one (1) year of entry level culinary experience

- Valid forms of documentation include: ACF Employment Documentation Form or signed employment verification letters on company letterhead. **Resumes are not a valid form of documentation.**

ACF Certification for the CC® and CPC® level is valid for one (1) year. At that point, your designation will expire, unless you apply for ACF Recertification. Take 15 Continuing Education Hours (CEHs) every year to recertify.

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Payment Information

No fee for ACF Member \$85.00 Non-Member Fee

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 one year 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.