



## American Culinary Federation Emeritus 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](http://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: \_\_\_\_\_

Name (as it should appear on certificate): \_\_\_\_\_

**Emeritus is offered to certified chefs upon reaching the age of 62; upon reaching the age of 55 if fully retired; or if retired from the industry at any age due to disability. Chefs must hold a current certification to be eligible to apply for Emeritus. Emeritus is a honorary retirement status and chefs with Emeritus are not considered to have an active certification.**

**Once Emeritus is granted, Emeritus must be included after each certification designation. Ex: Jane Smith CEC Emeritus, CEPC Emeritus. Please indicate eligibility request and attach appropriate documentation.**

Age 62 (copy of a driver's license, birth certificate or other official documentation providing applicant's age)

Age 55 if fully retired from the industry (documentation of full retirement from the industry)

Retired due to disability (Letter from a physician attesting the certificant is retired for medical reasons and not able to work. Personal and private information is not required.)

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**Certification Level**

Please check level you are applying for

| Cooking Professionals                          | ACF Member Rate | Non-Member Rate |
|--|-----------------|-----------------|
| Certified Culinarian® (CC®)                    | \$15            | \$65            |
| Certified Sous Chef® (CSC®)                    | \$120           | \$270           |
| Certified Chef de Cuisine® (CCC®)              | \$140           | \$290           |
| Certified Executive Chef® (CEC®)               | \$210           | \$360           |
| Certified Master Chef® (CMC®)                  | \$300           | \$450           |
| Personal Cooking Professionals                 | ACF Member Rate | Non-Member Rate |
| Personal Certified Chef™ (PCC™)                | \$120           | \$270           |
| Personal Certified Executive Chef™ (PCEC™)     | \$210           | \$360           |
| Baking and Pastry Professionals                | ACF Member Rate | Non-Member Rate |
| Certified Pastry Culinarian® (CPC®)            | \$15            | \$65            |
| Certified Working Pastry Chef® (CWPC®)         | \$120           | \$270           |
| Certified Executive Pastry Chef® (CEPC®)       | \$210           | \$360           |
| Certified Master Pastry Chef® (CMPC®)          | \$300           | \$450           |
| Culinary Administrators                        | ACF Member Rate | Non-Member Rate |
| Certified Culinary Administrator® (CCA®)       | \$250           | \$400           |
| Culinary Educators                             | ACF Member Rate | Non-Member Rate |
| Certified Secondary Culinary Educator® (CSCE®) | \$140           | \$290           |
| Certified Culinary Educator® (CCE®)            | \$210           | \$360           |

**Payment Information**

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: \_\_\_\_\_

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. 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: \_\_\_\_\_

**Optional Donation**

I have included an optional one time donation of \$50 in support of an ACF Foundation Program. I have selected the following 501 (c) (3) not-for-profit program:    ACF Culinary Team USA            AAC Scholarship            Ray Marshall Pastry Fund