



## AMERICAN CULINARY FEDERATION Practical Exam Candidate Questionnaire

Please complete the questions below to help us refine our testing procedure:

1. Why do you want to be certified?

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2. On a scale from 1 (poor) – 5 (excellent), how would you rate the test site facility?

1      2      3      4      5

Explain:

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3. On a scale from 1 (poor) – 5 (excellent), how would you rate the registration process?

1      2      3      4      5

Explain:

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4. On a scale from 1 (poor) – 5 (excellent), how would you rate communications prior to the exam?

1      2      3      4      5

Explain:

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5. On a scale from 1 (poor) – 5 (excellent), how would you rate the administration of the exam?

1      2      3      4      5

Explain:

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American Culinary Federation

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6. Is this the first time you've taken the practical exam? Yes No  
If no, how many times? \_\_\_\_\_

7. How many times have you practiced your prepared menu? \_\_\_\_\_

8. Did you have a certification mentor critique your practice session? Yes No  
If yes, was it helpful? Explain:

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9. Have you competed in a culinary competition within the last 5 years? Yes No  
If yes, was it helpful? Explain:

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10. How many hours per week do you typically cook? \_\_\_\_\_

11. In which type of facility do you work?

- |                                 |   |  |                                     |
|---------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Casual | <input type="checkbox"/> Fine Dining            | <input type="checkbox"/> Cafeteria       | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Club   | <input type="checkbox"/> Catering/Personal Chef | <input type="checkbox"/> Govt. /Military | <input type="checkbox"/> Other      |

12. On a scale from 1 (easy) – 10 (hard), how difficult was the exam?

1 2 3 4 5 6 7 8 9 10

13. Any advice for others seeking certification?

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

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

Return to Test Site Administrator