



Video Submission Form

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: _____

Name (as it should appear on certificate): _____

Employer: _____ Job Title: _____

Video Requirements

1. Pre-approval—Prior to Video Submission, your CCE/CSCE Certification must be in pre-approval status.
2. Included video submission via flash drive or DVD should be QuickTime compatible h264 encoded video file with AAC audio mov or mp4 (do not submit a video with menu). A mobile camera with panning ability is suggested.
3. Lesson Plan Hardcopy included.

Review Process: Submissions are reviewed by the Video Review Team. Please allow six weeks processing time for review of submission.

Video Response: Video submission and Reviewer Critiques are confidential. Reviewer feedback is only shared with the National office. Videos are kept private. Upon approval or denial, the National Office will submit a Video Submission Response form and placed on record for final application. No wait time is required for secondary sub-mission if video is denied.

Payment Information

\$50 Fee Per Submission (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 verify that the attached video submission was developed, filmed, and created for this purpose and is not a reproduction of another video. 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.

Signature: _____ Date: _____

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