

ACFEF Quality Program Application



Return this cover sheet and appropriate documentation by:
Email (preferred): educate@acfchefs.net
Fax: (904) 940-0742
Mail: American Culinary Federation, Inc.
Attn: Education Department
180 Center Place Way
St. Augustine, FL 32095

ORGANIZATION / SCHOOL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Director/administrator name: _____
Email: _____
Phone: _____ Fax: _____ Web address: _____

PRIMARY CONTACT (if different from above)

Name: _____
Position/title: _____
Email: _____ Phone: _____

SECONDARY CONTACT (required)

Name: _____
Position/title: _____
Email: _____ Phone: _____

PROGRAM INFORMATION

Name: _____
Overall length: _____
Classroom time: _____ Hands-on time: _____
Delivery method (check all that apply): lecture demonstration hands-on online other _____
Major area of study: culinary baking/pastry hospitality management other _____
Year started: _____ Number of currently enrolled students/participants: _____

ACF-APPROVED CONTINUING EDUCATION HOURS (if applicable)

List of courses for CEH request	CEH amount
_____	_____
_____	_____
_____	_____
_____	_____

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APPROVAL CHECKLIST (Please include the following with your completed form)

- Full description of program, including mission statement
- Current resume of director/administrator
- Current resume of instructors
- Program outline, to include syllabi and/or lesson plans
- Program advertising brochure/flyer
- Copy of recognition documents given to students/participants upon completion of program.

PAYMENT INFORMATION

\$800 nonrefundable application fee

- 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: _____

AGREEMENT

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the ACFEF education taskforce and will provide additional information or verification upon request.

Name Title / Position

Signature Date