



American Culinary Federation (ACF)
Certification Checklist

Name: _____ Rank: _____

Installation _____ UNIT _____

Required For Packet Processing:

Everything below is needed if you have it!!!

- ACF Pre-approval application (attached)
- ACF Military Membership Application (attached)
- ACF Pre-Approval Application (attached)
Only fill out the one for the level you want to achieve
- Joint Service Transcript (JST)
- Civilian Transcripts (Hospitality/Culinary/Baking and Pastry) If applicable
- NCOERS Past five (5) years (if applicable)
- Work Verification Memorandum (memo stating culinary/ baking and pastry experience not captured on NCOER's)
-OR -
ACF Employment Documentation Form (attached)
- Culinary Show ACF Medal certificates (if applicable)
- Serve Safe Certification
- Nutrition Verification Certification
- Army Advanced Culinary Memorandum (Continuing Education Units (CEU)
- Any other Culinary/ Baking and Pastry/ Restaurant training Certificates
- SRB
- NRA Manage First Completion Certificate/Individual Certificates (if not completed)

All documents need to be in "ONE" PDF. Do not send multiple individual documents!!!



American Culinary Federation
The Standard of Excellence for Chefs

ACF IN PARTNERSHIP WITH THE U.S. MILITARY

JOIN THE AMERICAN CULINARY FEDERATION TODAY!



Become part of the culinary family of more than 17,500 members—the nation's foremost organization of chefs providing hands-on skill validation through certification, and recognized professional achievement through awards and competitions. Our mission is to give you the knowledge and credentials to excel in your military career while helping you to maintain your competitive edge in today's evolving culinary industry.

U.S. military can join ACF at reduced rates. (Please use this membership application form instead of enrolling online to take advantage of this special incentive).

The following are some of the benefits you receive as an ACF member:

- Access to **member-only information** on our website, www.acfchefs.org
- **Videos** that represent the latest tips and techniques in the culinary industry, provided by our strategic partners, in the Video Library
- Access to the **Career Center**, a web-based service that allows job seekers to post résumés and view open positions nationwide
- The latest **industry trends** and techniques offered in The National Culinary Review, our award-winning monthly digital magazine
- Up-to-date **news and events** in The Culinary Insider, the official biweekly e-newsletter
- **Competitions** to raise the standard of your culinary excellence through participation in local, regional or national ACF-sanctioned competitions—put your skills and knowledge to the test in a competitive format
- **Certification:**
 - ACF certification counts toward your military promotion
 - ACF certification is recognized in your military file
 - The Montgomery GI Bill will pay up to \$2,000 in certification exam fees
 - Culinary training taken in the military counts toward ACF certification
- **Military Savings:**
 - Up to 50% savings on certification and practical test fees
 - Up to 45% savings on registration fees at ACF regional conferences and national convention
 - Up to 15% discount on select items at ACF e-Store, with culinary books, textbooks and more
 - 10-50% savings on products and services from Members Advantage Program participants
 - Up to 50% savings from culinary industry partners on conferences and trade shows
- Access to a **global network** through the World Association of Chefs Societies (WACS), which comprises 8 million chefs worldwide in 92 countries

Join ACF. We have been advancing the value and professionalism of the culinary profession for more than 80 years.





American Culinary Federation
The Standard of Excellence for Chefs

MILITARY MEMBERSHIP APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION

First name: _____ MI: _____ Last name: _____

Title: _____ Rank/rate: _____

Name of installation: _____ Branch of service: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Country: _____

Work email: _____ Website: http:// _____

Work phone: _____ Mobile: _____ Fax: _____

Home address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home email: _____

Home phone: _____ Mobile: _____ Fax: _____

NATIONAL MEMBER FEES

Please provide a photocopy of your military ID or DD214 with your application to confirm military status.

Military Rank	Dues
<input type="checkbox"/> E1-E5	\$77.00
<input type="checkbox"/> E6 and above	\$128.00

LOCAL CHAPTER OPTION

Our local chapters are designed to increase the unity of members within a geographical radius. Gain access to local networking, professional development and community events with nearly 200 chapters!

Please contact member services for information regarding choosing the right chapter for your geographical location and additional local chapter dues.

METHOD OF PAYMENT (Membership processed when dues are paid in full)

Check/M.O. Visa Discover Mastercard American Express

Credit card number: _____ Expiration date: _____

Billing address if different from above: _____

Cardholder name: _____

Signature: _____ Date: _____

Mail or fax application and payment to: **AMERICAN CULINARY FEDERATION**

180 Center Place Way | St. Augustine, FL 32095

www.acfchefs.org | (P): (904) 824-4468 • (F): (904) 940-0741 • Email: membership@acfchefs.net

ACF Employment Documentation Form



American Culinary Federation
The Standard of Excellence for Chefs

The certification program of American Culinary Federation, Inc. (ACF) recognizes those individuals who have demonstrated that they meet the minimum standards set for each level of certification. Those who earn certification are viewed as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the ACF certification program is, in part, contingent on documentation and verification of past and present employment.

PLEASE TYPE OR PRINT CLEARLY

To: The ACF Certification Commission Date: _____

This letter will verify that _____ was employed by this establishment from _____ to _____. His/Her official position/title during this period was _____, and he/she supervised a minimum of _____ full-time personnel in the performance of food preparation responsibilities.

DUTIES AND RESPONSIBILITIES

I attest that the above information is true and understand that any misinformation provided may adversely affect the candidacy of stated certification applicant.

Signature: _____

Printed Name: _____

Title: _____ Daytime Phone: _____

Name of Establishment: _____

Establishment Address: _____

A BLANK COPY OF THIS FORM SHOULD BE SENT TO EACH EMPLOYER.



DEPARTMENT OF THE ARMY
UNITED STATES ARMY QUARTERMASTER SCHOOL
JOINT CULINARY CENTER OF EXCELLENCE
1630 BYRD AVE, B4200
FORT LEE, VIRGINIA 23801-2102

REPLY TO
ATTENTION OF:

ATSM-ACTD

Example

18 May 2016

MEMORANDUM FOR RECORD

SUBJECT: Uncle Sam' (CC) Pastry Arts Work Experience

1. This memorandum is designed to validate Chef Sam' work experience as an entry-level pastry chef and beyond. As her immediate supervisor, and through correspondence with her previous leadership, I can validate the following with complete certainty.

2. From 2006 through 2013, Chef Sam was assigned to various positions ranging from night baker to lead baker in three separate Army dining facilities including Fort Hood, TX, Yongsan Korea, and Fort Drum, NY. Further, from 2011-13 he was a competitive pastry chef in five American Culinary Federation (ACF) sanctioned pastry categories. From 2013-2014 Chef Sam studied at Sullivan University under the tutelage of CMPC David Hasselhoff teaching, competing and interning with the Sullivan University Bakery. Since 2014 Sam has been assigned at Fort Lee, Virginia where she serves as the Lead Instructor at the Advanced Culinary Training Division of which I manage. He is in charge of 24 students during a five week course on advanced culinary skills to specific instruction on pastry arts. Lastly, he has been appointed as a primary member of the US Army Culinary Arts Team where he leads the 13 person team in pastry, participates in quarterly training events, national and international competition, and receives specific focused training from nearly a dozen credentialed pastry chefs from the ACF and World Association of Chefs Society

3. Point of contact for this memorandum is the undersigned at 804-734-3274 or mighty.eagle.mil@mial.mil.

Example

Mighty B. Eagle, CEC

CW5, QM

Chief, Advanced Culinary Training Division

* This Memo is to be written in culinary/hospitality industry language not Military Jargon. Do not use terms like: DFAC; 1st Cook; MKT; CK; field exercise; etc. To get credit towards Pre-Approval as a candidate working towards an ACF Certification educate yourself on industry knowledge of your craft. *

ACF Certification Requirements

Certification	Education	30 Hour Course Requirements	Experience (must be within the past 10 yrs)	Additional Requirements
CFC™ - Certified Fundamentals Cook™ CFPC™ - Certified Fundamentals Pastry Cook™	High School Diploma or GED	Nutrition Food Safety & Sanitation	No experience required	NOCTI ACF Written and Performance Certification Assessments
	or 75 CEH			
	or Graduation from ACFEF Secondary Program			
CC® - Certified Culinarian® CPC® - Certified Pastry Culinarian®	High School Diploma or GED	Nutrition Food Safety & Sanitation Supervisory Mgmt	2 yrs. entry level culinarian/pastry	Written Exam Practical Exam <i>(exempt if graduate of ACF accredited program)</i>
	or 100 CEH		1 yr. entry level culinarian/pastry	
	or Culinary Arts program Certificate (1 yr.)		No Experience Required	
	or Associate Degree in Culinary Arts			
CSC® - Certified Sous Chef® CWPC® - Certified Working Pastry Chef®	High School Diploma <i>plus</i> 50 CEH	Nutrition Food Safety & Sanitation Supervisory Mgmt	5 yrs. entry level culinarian/pastry	Written Exam Practical Exam
	or GED <i>plus</i> 50 CEH		4 yrs. entry level culinarian/pastry	
	or 150 CEH		3 yrs. entry level culinarian/pastry	
	or ACFEF Culinary Arts Program Certificate		Min. 4000 hrs. on the job training	
	or Associate Degree in Culinary Arts			
CCC® - Certified Chef de Cuisine®	High School Diploma <i>plus</i> 100 CEH	Nutrition Food Safety & Sanitation Supervisory Mgmt	3 yrs. as Sous Chef or chef who supervises a shift or station(s) in a food service operation. Must have supervised at least 2 FT people in the preparation of food	Written Exam Practical Exam
	or GED <i>plus</i> 100 CEH			
	or 200 CEH			
	or Associate Degree in Culinary Arts			
CEC® - Certified Executive Chef® CEPC® - Certified Executive Pastry Chef®	High School Diploma <i>plus</i> 150 CEH	Nutrition Food Safety & Sanitation Supervisory Mgmt Cost Control Mgmt Beverage Mgmt	5 yrs. as Chef de Cuisine or Executive Sous Chef/Pastry Chef or chef in charge of food production in a food service operation. Must have supervised at least 5 FT (3 for CEPC®) people in the preparation of food	Written Exam Practical Exam
	or GED <i>plus</i> 150 CEH			
	or 250 CEH			
	or Associate Degree in Culinary Arts			
CMC® - Certified Master Chef® CMPC® - Certified Master Pastry Chef®	See CMC®/CMPC® Manual	Same as CEC®/CEPC® <i>plus</i> CCA® Wine	See CMC®/CMPC® Manual	See CMC®/CMPC® Manual
	See CMC®/CMPC® Manual			
PCC™ - Personal Certified Chef™	Same as CSC®	Nutrition Food Safety & Sanitation Business Mgmt	3 yrs. as an entry level culinarian <i>plus</i> 1 FT yr. as Personal Chef	Written Exam Practical Exam
PCEC™ - Personal Certified Executive Chef™	Same as CEC®	Nutrition Food Safety & Sanitation Business Mgmt	3 yrs. FT as a Personal Chef engaged in all aspects of food preparation and management	Written Exam Practical Exam
CCA® - Certified Culinary Administrator® <small>(Must be current CEC® or CEPC®)</small>	Same as CEC®	Nutrition Food Safety & Sanitation Supervisory Mgmt Advanced Sanitation Human Resource Mgmt	3 yrs. as an Executive Chef in charge of all culinary units in a food service operation. Must have supervised at least 5 FT people.	Narrative paper Written Exam - CCA® Must be CEC®/CEPC®
CCE® - Certified Culinary Educator®	Associate Degree in Culinary Arts <i>plus</i> 120 hrs. Education Development**	Nutrition Food Safety & Sanitation Supervisory Mgmt	2 yrs. FT as a Chef de Cuisine or Working Pastry Chef (within 10 yrs. prior to employment as a culinary instructor). 1200 Post Secondary contact hrs. (FT or PT within the past 10 yrs.)^	Classroom Video Written Exam Practical Exam - CCC® or Practical Exam - CWPC®
	or Bachelor's Degree in any discipline <i>plus</i> 120 hrs. Education Development**			
CSCE® - Certified Secondary Culinary Educator®	Associate Degree in Culinary Arts <i>plus</i> 120 hrs. Education Development**	Nutrition Food Safety & Sanitation Supervisory Mgmt	1200 Secondary or Postsecondary contact hours (FT or PT)^	Classroom Video Written Exam Practical Exam - CCC® or Practical Exam - CWPC®
	or Bachelor's Degree in any discipline <i>plus</i> 120 hrs. Education Development** 30 hr. (course) Basic Food Prep		1200 Secondary or Postsecondary contact hours (FT or PT)^	

**Education Developments include: Curriculum Planning & Development, Evaluation & Testing, Teaching Methodology, Educational Psychology

^Contact hours are actual teaching hours at an accredited institution. Hours should be documented by the respective school on official letterhead.

Written Exam scores are valid for two years. Practical Exam scores are valid for one year.



Step 1: Initial CC[®] Pre-Approval Application

Certified Culinarian[®]

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: _____

Mandatory Requirements

Include proof of education, courses and work experience with application. Acceptable documents include copies of transcripts, diplomas, certificates of completion and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
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High School Diploma/GED or _____

*100 Continuing Education Hours or _____

Culinary Arts Program Certificate or _____

Associate's Degree in Culinary Arts or _____

ACFEF Apprenticeship Program _____

Courses

30-Hour Culinary Nutrition _____

30-Hour Food Safety & Sanitation _____

30-Hour Culinary Supervisory Management _____

Eight hour refresher course required if initial 30-hour courses are older than five years.

8-Hour Refresher Culinary Nutrition _____

8-Hour Refresher Food Safety & Sanitation _____

8-Hour Refresher Supervisory Management _____

***30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.**

2. Work Experience: Two years as an entry-level culinarian or one year with a Culinary Arts Program Certificate. The work experience is exempt with an Associates Degree in Culinary Arts or graduating from the ACFEF Apprenticeship Program. Work experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Once application is approved you are eligible to take the written and practical exam.

Certification must be completed within three years of approval. If certification is not complete within three years, reapplication will be required.

Step 1: Initial CC[®] Pre-Approval Application

Certified Culinarian[®]

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Payment Information

\$50.00 ACF Member Pre-Approval Fee (fee is non-refundable)

\$100.00 Non-Member Pre-Approval Fee (fee is 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 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 three years 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.

Step 1: Initial CSC® Pre-Approval Application
(Education and Experience Documentation)

Certified Sous Chef®



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

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ ACF #: _____

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
High School Diploma / GED plus *50 CEH or	_____	<input type="checkbox"/>
*150 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFEF Apprenticeship Program	_____	<input type="checkbox"/>
Courses		
30–Hour Culinary Nutrition	_____	<input type="checkbox"/>
30–Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30–Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30–hour courses are older than five years.</i>		
8–Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8–Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8–Hour Refresher Supervisory Management	_____	<input type="checkbox"/>

****30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.***

2. Work Experience: (Experience must be within the past 10 years.)

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Step 1: Initial CSC® Pre-Approval Application
(Education and Experience Documentation)

Certified Sous Chef®

Requirements

High School Diploma / GED plus 50 CEH / 150 CEH — 5 years entry level culinarian.

Associate's Degree in Culinary Arts — 3 years entry level culinarian.

ACFEF Apprenticeship Program Graduates — Min. 4000 hours on the job training.

Work documentation form can be downloaded from ACF website.

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

\$50.00 Pre-Approval 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: _____

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. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date

Step 1: Initial CCC® Pre-Approval Application
 (Education and Experience Documentation)
Certified Chef de Cuisine®



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

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ ACF #: _____

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
High School Diploma / GED plus *100 CEH or	_____	<input type="checkbox"/>
*200 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFEF Apprenticeship Program	_____	<input type="checkbox"/>
Courses		
30-Hour Culinary Nutrition	_____	<input type="checkbox"/>
30-Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30-Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30-hour courses are older than five years.</i>		
8-Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8-Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8-Hour Refresher Supervisory Management	_____	<input type="checkbox"/>
<i>*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.</i>		

2. Work Experience: (Experience must be within the past 10 years.)

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Step 1: Initial CCC® Pre-Approval Application
(Education and Experience Documentation)
Certified Chef de Cuisine®

Requirements

Three years as Sous Chef or Chef who supervises a shift or station(s) in a foodservice operation.

Must have supervised at least 2 FT people in the preparation of food.

Work documentation form can be downloaded from ACF website.

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

- \$50.00 Pre-Approval 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: _____

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. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date

Step 1: Initial CEC® Pre-Approval Application
 (Education and Experience Documentation)
Certified Executive Chef®



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

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ ACF #: _____

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
High School Diploma / GED plus *150 CEH or	_____	<input type="checkbox"/>
*250 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFEF Apprenticeship Program plus 50 CEH	_____	<input type="checkbox"/>
Courses		
30–Hour Culinary Nutrition	_____	<input type="checkbox"/>
30–Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30–Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30–hour courses are older than five years.</i>		
8–Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8–Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8–Hour Refresher Supervisory Management	_____	<input type="checkbox"/>
<i>*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward the 150 or 250 hours of continuing education.</i>		

2. Work Experience: Three years as a Chef de Cuisine, Executive Sous Chef or chef in charge of food production in a foodservice operation. Must have supervised at least three full time people in the preparation of food. Experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Step 1: Initial CEC® Pre-Approval Application
(Education and Experience Documentation)
Certified Executive Chef®

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

- \$50.00 Pre-Approval 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: _____

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. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date



Step 1: Initial CPC® Pre-Approval Application

Certified Pastry Culinarian®

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: _____

Mandatory Requirements

Include proof of education, courses and work experience with application. Acceptable documents include copies of transcripts, diplomas, certificates of completion and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
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High School Diploma/GED or	_____	
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*100 Continuing Education Hours or	_____	
------------------------------------	-------	--

Culinary Arts Program Certificate or	_____	
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Associate's Degree in Culinary Arts or	_____	
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ACFEF Apprenticeship Program	_____	
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Courses

30-Hour Culinary Nutrition	_____	
----------------------------	-------	--

30-Hour Food Safety & Sanitation	_____	
----------------------------------	-------	--

30-Hour Culinary Supervisory Management	_____	
-----------------------------------------	-------	--

Eight hour refresher course required if initial 30-hour courses are older than five years.

8-Hour Refresher Culinary Nutrition	_____	
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8-Hour Refresher Food Safety & Sanitation	_____	
-------------------------------------------	-------	--

8-Hour Refresher Supervisory Management	_____	
-----------------------------------------	-------	--

***30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.**

2. Work Experience: Two years as an entry-level culinarian or one year with a Culinary Arts Program Certificate. The work experience is exempt with an Associates Degree in Culinary Arts or graduating from the ACFEF Apprenticeship Program. Work experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
---------------------	-------	----------	----------	------------------------

_____	_____	_____	_____	
-------	-------	-------	-------	--

_____	_____	_____	_____	
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Note: Once application is approved you are eligible to take the written and practical exam.

Certification must be completed within three years of approval. If certification is not complete within three years, reapplication will be required.

Step 1: Initial CPC® Pre-Approval Application

Certified Pastry Culinarian®

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Payment Information

\$50.00 ACF Member Pre-Approval Fee (fee is non-refundable)

\$100.00 Non-Member Pre-Approval Fee (fee is 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 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 three years 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.

Step 1: Initial CWPC® Pre-Approval Application
 (Education and Experience Documentation)
Certified Working Pastry Chef®



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

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ ACF #: _____

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
High School Diploma / GED plus *50 CEH or	_____	<input type="checkbox"/>
*150 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFEF Apprenticeship Program	_____	<input type="checkbox"/>
Courses		
30-Hour Culinary Nutrition	_____	<input type="checkbox"/>
30-Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30-Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30-hour courses are older than five years.</i>		
8-Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8-Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8-Hour Refresher Supervisory Management	_____	<input type="checkbox"/>

***30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward continuing education.**

2. Work Experience: (Experience must be within the past 10 years.)

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Step 1: Initial CWPC® Pre-Approval Application
(Education and Experience Documentation)
Certified Working Pastry Chef®

Requirements

High School Diploma / GED plus 50 CEH / 150 CEH — 5 years entry level pastry culinarian.
Associate's Degree in Culinary Arts — 3 years entry level pastry culinarian.
ACFEF Apprenticeship Program Graduates — Min. 4000 hours on the job training.
Work documentation form can be downloaded from ACF website.

PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

- \$50.00 Pre-Approval 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: _____

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. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date



Step 1: Initial CEPC® Pre-Approval Application

Certified Executive Pastry Chef®

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: _____

Mandatory Requirements

Include proof of education, courses and work experience with application. Acceptable documents include copies of transcripts, diplomas, certificates of completion and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
--------------	----------------	------------------------

High School Diploma/GED or	_____	
----------------------------	-------	--

*250 Continuing Education Hours or	_____	
------------------------------------	-------	--

Associate's Degree in Culinary Arts or	_____	
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ACFEF Apprenticeship Program plus 50 CEHs	_____	
-------------------------------------------	-------	--

Courses

30-Hour Culinary Nutrition	_____	
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30-Hour Food Safety & Sanitation	_____	
----------------------------------	-------	--

30-Hour Culinary Supervisory Management	_____	
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30-Hour Cost Control Management	_____	
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30-Hour Beverage Management	_____	
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Eight hour refresher course required if initial 30-hour courses are older than five years.

8-Hour Refresher Culinary Nutrition	_____	
-------------------------------------	-------	--

8-Hour Refresher Food Safety & Sanitation	_____	
-------------------------------------------	-------	--

8-Hour Refresher Supervisory Management	_____	
-----------------------------------------	-------	--

30-hour courses in Nutrition, Food Safety and Sanitation, Supervisory Management, Cost Control Management and Beverage Management count toward continuing education.

2. Work Experience: Five years as a Pastry Chef in charge of the production of baked goods, pastry and/or confection. Must have supervision experience. Experience must be within past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
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_____	_____	_____	_____	
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_____	_____	_____	_____	
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Note: Once application is approved you are eligible to take the written and practical exam.

Certification must be completed within three years of approval. If certification is not complete within three years, reapplication will be required.

Step 1: Initial CEPC® Pre-Approval Application

Certified Executive Pastry Chef®

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Payment Information

\$50.00 ACF Member Pre-Approval Fee (fee is non-refundable)

\$100.00 Non-Member Pre-Approval Fee (fee is 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 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 five years 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.



American Culinary Federation

AMERICAN CULINARY FEDERATION Practical Exam Candidate Registration Form

Please complete this registration form and submit to ACF prior to the scheduled practical exam date.

Name _____ ACF# _____

Address _____

City/State/ZIP _____

Phone () _____ Fax () _____

Email: _____

Exam Date: _____ Exam Location: _____

Indicate the certification level you are testing for:

CC[®] ___ CSC[®] ___ CCC[®] ___ CEC[®] ___
CPC[®] ___ CWPC[®] ___ CEPC[®] ___ PCC[™] ___ PCEC[™] ___

Practical Exam fee due to ACF:

ACF Member Fee - \$50 (non-refundable registration fee) Non-Member Fee - \$100 (non-refundable registration fee)

If you need to cancel an exam after you have registered, you must contact both the ACF office and the test site administrator within two weeks of the test date. The ACF registration fee may be transferred to a new test date within six months or will be forfeited. Host sites may charge an additional fee that is payable to the test site administrator hosting the exam, if applicable. Host site fees are separate from the amount due to the American Culinary Federation. Contact the test administrator to confirm test time, host site fee and other specifics about the facility and/or test.

Method of Payment: _____ Amount Paid: \$ _____

1) Check Mailed _____
- Select One -

2) Credit Card: VISA/ MC/ AMEX/ DISCOVER (circle one)

Credit Card #: _____

Expiration Date: _____

Name on credit card: _____

Submit this form with payment via fax, email or mail to:
American Culinary Federation, 180 Center Place Way, St. Augustine, FL 32095
Fax: (904) 940-0742 Email: certify@acfchefs.net