



— American Culinary Federation Education Foundation, Inc. Accrediting Commission —  
**Faculty Professional Development Report**

Name of School: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Date of Initial Employment: \_\_\_\_\_  Full-Time  Part-Time

Job Title: \_\_\_\_\_

Professional Certification(s) Held: \_\_\_\_\_

Courses Taught: \_\_\_\_\_  
\_\_\_\_\_

**Allocation of Weekly Time (hourly):**

Administrative: \_\_\_\_\_ Classroom Instruction: \_\_\_\_\_ Lab Instruction: \_\_\_\_\_

Supervision of Externships/Internships: \_\_\_\_\_ Student Advising: \_\_\_\_\_

**Educational Background:**

Name of Post-Secondary Institution(s) with Dates Attended describing **completed** Degree or Diploma and Major:

**Work Experience Related to Subjects Taught:** (Start with the most recent/current. Please include dates of employment and position held. Use separate sheet if necessary):

## Faculty Professional Development Report

### **Professional Development Activities within the Past Year:**

**Instructional Skills** (Include location, date(s) attended, number of hours, and topic of event)

**Educational Conferences/Seminars:**

**Institutional In-Service Workshops:**

**Visits to Other Institution's Culinary Programs:**

**Technical Skills** (Include location, date(s) attended, number of hours, and topic of event)

**Visits to Industry or Businesses:**

**Participation in Technical Conferences/Workshops:**

*By checking this box and typing my initials below, I certify that the above statements are true, to the best of my knowledge.*

Initials of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_