

CMC® Certification Application
Certified Master Chef®



Return application and required documentation to:

American Culinary Federation, Inc.
180 Center Place Way, St. Augustine, FL 32095
(800) 624-9458 ▪ (904) 824-4468
Fax: (904) 825-4758
certify@acfcchefs.net ▪ www.acfcchefs.org

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____

Member ID#: _____ Chapter ID#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Present Position: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Employer Phone: _____

MANDATORY REQUIREMENTS

All requirements must be fulfilled before submitting application. Do not send originals.

Mandatory Requirements

- Letter of intent to apply for ACF's CMC® examination
- Valid ACF Chef Certification, CEC® or CCE™ with special permission
- Letter of commitment and support from present employer
- Recommendation letters from two CMPCs/CMCs
- Updated résumé

PAYMENT INFORMATION

\$3,800 (subject to change) per CMC® Examination Manual:

- Nonrefundable application fee of \$300.00
- 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: _____

Initial CMC® Certification Application
Certified Master Chef®

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 local newspapers.

Signature

Date

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