

American Culinary Federation Lifetime Certification



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 DATA (Please type or print clearly)

First Name: _____ MI _____ Last Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____ ACF ID#: _____

LIFETIME CERTIFICATION LEVELS

Please check level you are applying for.

COOKING PROFESSIONALS	ACF MEMBER PRICING	STANDARD PRICING
<input type="checkbox"/> Certified Culinarian® – CC®	\$ 50	\$100
<input type="checkbox"/> Certified Sous Chef™ – CSC™	110	210
<input type="checkbox"/> Certified Chef de Cuisine® – CCC®	120	220
<input type="checkbox"/> Certified Executive Chef® – CEC®	200	300
<input type="checkbox"/> Certified Master Chef® – CMC®	300	400

PERSONAL COOKING PROFESSIONALS

<input type="checkbox"/> Personal Certified Chef™ – PCC™	\$110	\$200
<input type="checkbox"/> Personal Certified Executive Chef™ – PCEC™	200	300

BAKING AND PASTRY PROFESSIONALS

<input type="checkbox"/> Certified Pastry Culinarian® – CPC®	\$ 50	\$100
<input type="checkbox"/> Certified Working Pastry Chef® – CWPC®	110	210
<input type="checkbox"/> Certified Executive Pastry Chef® – CEPC®	200	300
<input type="checkbox"/> Certified Master Pastry Chef® – CMPC®	300	400

CULINARY ADMINISTRATORS

<input type="checkbox"/> Certified Culinary Administrator™ – CCA™	\$250	\$350
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CULINARY EDUCATORS

<input type="checkbox"/> Certified Secondary Culinary Educator® – CSCE®	\$125	\$225
<input type="checkbox"/> Certified Culinary Educator® – CCE®	200	300

American Culinary Federation Lifetime Certification

Lifetime Certification is offered to certified chefs upon reaching the age of 62; upon reaching the age of 55 if fully retired; or if retired from the industry at any age due to disability. Chefs must hold a current certification to be eligible to apply for Lifetime Certification for that level. Please indicate Lifetime Certification request and attach appropriate documentation.

_____ Age 62 (copy of a driver's license, birth certificate or other official documentation providing applicant's age)

_____ Age 55 if fully retired from the industry (documentation of full retirement from the industry)

_____ Retired due to disability (Letter from a physician attesting the certificant is retired for medical reasons and not able to work. Personal and private information is not required.)

PAYMENT INFORMATION

I have included an optional one time donation of \$50 in support of an ACF Foundation Program. I have selected the following 501 (c) (3) not-for-profit program:

Disaster Relief Fund Chef and Child Team USA AAC Scholarship

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp. Date: _____ Authorized Total: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

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:** _____