

— American Culinary Federation —
REQUEST FOR ACF-APPROVED CONTINUING EDUCATION HOURS (CEHs)



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

COURSE/PROGRAM TITLE: _____

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____ Contact Email Address: _____

Program Date(s): *Start Date* _____ *End Date* _____

(A program is defined as an individual session with a published start and end date)

Total CEHs requested: _____

Event Location: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Website Address: _____

Facility Type: Hotel Campus Professional Kitchen Online Program

Other(describe) _____

Subject Area: Nutrition Sanitation Management Culinary Skills Professional Development

Project Objective(s): _____

Approval Checklist: Please include the following with your completed form.

- Course/ Program Outline – Include list of topics to be covered and references.
- Copy of recognition form to be given to attendees upon completion of program. Attendees must receive a certificate, letter or other documentation stating program title, date, participants name and number of CEHs earned.
- Evaluation Form to measure participant opinion about program and either test, quiz or description of method used to objectively measure knowledge, understanding or skill mastery.

List on Web: Yes No *(Publicity for all chefs)*

Program Cost: _____

*Payment information on page 2 of this application.

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REQUEST FOR CEHs (CONTINUED)

Benefits (\$100 per program per year)

- Increase marketability and attendance by offering ACF CEHs
- Use of ACF logo for marketing purposes (approved program only)
- Link to your organization's website and event information

Enhanced Web Listing (additional \$50 per program per year)

- Mapquest link
- Logo on ACF website listing (JPG or EPS file: 468 pixels wide x 60 pixels tall)
- 100 word event description (include below)

PAYMENT INFORMATION

CEH Provider Payment Information:

- \$100.00 CEH Approval Processing Fee
- \$150.00 CEH Approval Processing Fee for Enhanced Web Listing
- Multiple Program Fee (**A program is defined as an individual session with a published start and end date**)

# of Programs	Basic (per program)	Enhanced (per program)
3-6	\$90	\$110
7-9	\$80	\$100
10 or more	flat fee \$750	flat fee \$1000

ACF Chapter Sponsored CEH Payment Information:

- CEH Approval Processing Fee is waived for ACF Chapter sponsored program
- \$50.00 CEH Approval Processing Fee for ACF Chapter Enhanced Web Listing
- 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: _____

Application approval is valid for one year. If changes occur to the program, a new application and processing fee will need to be completed and approved.