

Certified Culinarian®/Certified Pastry Culinarian®

ACFEF Accredited CERTIFICATE/DIPLOMA Resume Form



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

Name of School: _____ Graduation Date: _____

Type of Certificate/Diploma Attained: Culinary Arts — Certified Culinarian® Certification — Valid 5 yrs.
 Baking/Pastry Arts — Certified Pastry Culinarian® Certification — Valid 5 yrs.
 Both — Certified Culinarian® Certification and Certified Pastry Culinarian® Certification — Valid 5 yrs.

Graduate's First Name: _____ MI: _____ Last Name: _____

ACF Member ID#: _____ ACF Chapter ID#: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(Keep mailing/email address current on your ACF online Member Profile to receive recertification updates.)

REQUIRED DOCUMENTATION

Documentation Included

- | | |
|---|--------------------------|
| 1. Copy of final college transcript showing date of graduation and degree earned | <input type="checkbox"/> |
| 2. Documentation of ACF membership at time of graduation
(ACF Member ID number or copy of ACF Member Card) | <input type="checkbox"/> |
| 3. Documentation of minimum one year entry level culinarian work experience | <input type="checkbox"/> |

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 box if you do **not** want your certification accomplishments included in ACF communications or shared with local newspapers

Signature

Date

Resume form and documentation must be received within one year after the official graduation date. After one year, published certification requirements and fees will apply.

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

OFFICE USE ONLY

ACF Member ID # _____ Approved by _____ Initial Certification Date _____