



**APPROVED CERTIFICATION EVALUATOR (ACE)  
LEAD ACE APPLICATION**

Name: \_\_\_\_\_ ACF # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Candidate must meet requirements listed below:

**Requirements:**

- CEC, CEPC and/or CCE for at least 5 years with current status
- ACF member in good standing
- Taken a practical exam
- Attended an 8 hour ACE Training
- Been an ACE for at least two years
- Served as a Test Administrator

All applications will be reviewed and considered based on the information provided. Submission does not constitute approval. In support of your application please provide:

- A completed Practical Exam Testing Resume
- Two letters of recommendation from either a Chapter President, Chapter Certification Chair, ACE Trainer and/or Lead ACE.

I hereby apply for approval as a LEAD ACE. By signing below I agree to abide by the Certification Code of Ethics and will stay current of Practical Exam Policies and Procedures to maintain consistence and quality of testing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PROFESSIONAL CERTIFICATION  
STANDARDS OF EXCELLENCE

## Practical Exam Testing Resume

Name: \_\_\_\_\_ ACF # \_\_\_\_\_

How many evaluations have you conducted over the last two years: \_\_\_\_\_

How have you demonstrated leadership qualities while serving as an ACE?

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Briefly describe your evaluation/critique style?

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Attach 3 candidate evaluation score sheets:

- date: \_\_\_\_\_
- date: \_\_\_\_\_
- date: \_\_\_\_\_