



REQUEST TO SCHEDULE AN ACF PRACTICAL EXAM

(Submit to ACF National Office 8 weeks prior to exam)

Name of Test Site: _____

Street Address: _____

City/State/Zip: _____

Test Administrator: _____

Telephone Number: _____ Email Address: _____

Test Information

Date of Test: _____ Max # of Candidates _____

Host Site Test Fee \$ _____

*(This fee is in addition to the **ACF practical exam registration fee of: \$50 member, \$100 non-member.** Each candidate is required to register with both ACF and Test Site. If a candidate does not register with ACF prior to exam, the test site will be responsible for collecting ACF practical exam fees, as indicated above)*

ACF Approved Certification Evaluator #1 _____

ACF Approved Certification Evaluator #2 _____

ACF Approved Certification Evaluator #3 _____

If ACE apprentices are participating in practical exam evaluation a Judge, CMC, Lead Evaluator or ACE Trainer must be present.

Would you like this test date announced on the ACF website? ___Yes___ No

As Test Administrator of the host site mentioned above, I will serve as liaison for the practical exam and confirm receipt of the *American Culinary Federation Practical Exam Test Site Guide*. I agree to uphold the standards established and described in the above mentioned guide regarding American Culinary Federation's: Practical Testing Objectives, Testing Guidelines, Facility Requirements, Registration and Post Exam Follow-up.

Submitted by: _____ Date: _____

Print Name _____

American Culinary Federation, 180 Center Place Way, St. Augustine, FL 32095 or Fax (904) 940-0742