

ACF Practical Test Candidate Questionnaire

Please complete the questions below to help us refine our testing procedure:

1. How many times did you practice the testing scenario?
2. What reference materials did you use to prepare for the test?
3. Have you ever participated in an ACF Practical Exam, and, if so, how many times?
4. Have you ever competed, and, if so, in which categories?
5. On average, how many days per week do you actively cook?
6. What type of facility (fine dining, corporate feeding, casual dining, etc.) do you work in?
Please be specific
7. Why do you want to be certified?
8. Did you find the exam fair?
9. On a scale of 1 to 10, if 1 is easy and 10 is extremely difficult; please rate the difficulty of the exam.

Comments:

Name: _____ Date: _____

Return to: American Culinary Federation 180 Center Place Way St. Augustine, FL 32095