

Certified Culinarian®/Certified Pastry Culinarian®
ACFEF Accredited CERTIFICATE/DIPLOMA Resume Form



Return application and required documentation to:

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

PERSONAL INFORMATION

Name of School: _____ Graduation Date: _____

- Type of Certificate/Diploma Attained: Culinary Arts — Certified Culinarian® Certification — Valid 3 yrs.
 Baking/Pastry Arts — Certified Pastry Culinarian® Certification — Valid 3 yrs.
 Both — Certified Culinarian® Certification and Certified Pastry Culinarian® Certification — Valid 3 yrs.

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

Home Phone: _____ Cell Phone: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ ACF #: _____

REQUIRED DOCUMENTATION

Documentation Included

1. Copy of final college transcript showing date of graduation and degree earned
2. Documentation of ACF membership at time of graduation
 I would like to receive ACF Membership information
3. Documentation of minimum one year entry level culinarian work experience

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.

PAYMENT INFORMATION

- No fee for ACF Member \$85.00 Non-Member
 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: _____

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 three 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

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