

American Culinary Federation  
**Certification Reinstatement Application**

Application, documentation and payment must be postmarked or emailed by **Friday, June 11, 2010**



Return to:  
**American Culinary Federation, Inc.**  
180 Center Place Way | St. Augustine, FL 32095  
Toll-free: (800) 624-9458 | Fax: (904) 825-4758  
Web: [www.acfchefs.org](http://www.acfchefs.org) | E-mail: [certify@acfchefs.net](mailto:certify@acfchefs.net)

**PERSONAL DATA** (Please type or print clearly)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Chapter ID# (if applicable): \_\_\_\_\_ Member #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Present Position: \_\_\_\_\_

**To reinstate your expired ACF certification, you must meet the following criteria:**

- Document the three mandatory refreshers within the past five years.
- Document 80 CEH taken within the past five years.
- Pay level specific recertification fees for each five year period.
- Pay a \$375 Reinstatement Fee.

**CERTIFICATION LEVELS**

**Please check level you are applying for.**

<b>Cooking Professionals</b>	<b>ACF Member</b>	<b>Non-Member</b>
<input type="checkbox"/> Certified Culinarian® – CC®	50	100
<input type="checkbox"/> Certified Sous Chef™ – CSC™	110	210
<input type="checkbox"/> Certified Chef de Cuisine® – CCC®	120	220
<input type="checkbox"/> Certified Executive Chef® – CEC®	200	300
<input type="checkbox"/> Certified Master Chef® – CMC®	300	400

<b>Baking and Pastry Professionals</b>	<b>ACF Member</b>	<b>Non-Member</b>
<input type="checkbox"/> Certified Pastry Culinarian® – CPC®	50	100
<input type="checkbox"/> Certified Working Pastry Chef® – CWPC®	110	210
<input type="checkbox"/> Certified Executive Pastry Chef® – CEPC®	200	300
<input type="checkbox"/> Certified Master Pastry Chef® – CMPC®	300	400

<b>Personal Cooking Professionals</b>	<b>ACF Member</b>	<b>Non-Member</b>
<input type="checkbox"/> Personal Certified Chef™ – PCC™	100	200
<input type="checkbox"/> Personal Certified Executive Chef™ – PCEC™	200	300

<b>Culinary Administrators</b>		
<input type="checkbox"/> Certified Culinary Administrator™ – CCA™	250	350

<b>Culinary Educators</b>		
<input type="checkbox"/> Certified Secondary Culinary Educator® – CSCE®	125	225
<input type="checkbox"/> Certified Culinary Educator™ – CCE™	200	300

**CONTINUING EDUCATION HOURS (CEHs)**

Requirement: 80 Continuing Education Hours total includes the required refresher courses. Official documentation must be attached.

Activity	Date	Hours
1. Culinary Nutrition Refresher _____	_____	8
2. Safety and Sanitation Refresher _____	_____	8
3. Culinary Supervisory Management Refresher _____	_____	8
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
<b>Continuing Education Hours Total</b>		_____

PAYMENT SUMMARY		
Certification Fee: _____ X _____		= \$ _____
<i>(amount from page 1)</i>	<i>(# of 5 yr recertification cycles. Choose 1 or 2)</i>	
Reinstatement Fee		+ \$ 375.00
Total Amount Enclosed/Charged		\$ _____

**PAYMENT INFORMATION**

\_\_\_\_ I have enclosed a check made payable to the American Culinary Federation

\_\_\_\_ Please bill my:  Visa  MasterCard  Amex  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_

**CERTIFICATION REINSTATEMENT AGREEMENT**

I understand that recertification date(s) are retroactive based on original expiration date, not from today's date. In order to participate in this limited-time opportunity application, payment and documentation must be received by ACF by **Friday, June 11, 2010**.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_