



CMC[®] Certification Application

Certified Master Chef[®]

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Once completed either email to certify@acfchefs.net, mail this form and payment to the address above or fax to number above.

Personal Information

First Name: _____ MI: ____ Last Name: _____ ACF #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Job Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Requirements

All requirements must be fulfilled before submitting application. Do not send originals.

Valid ACF Chef Certification, CEC[®]* or CCE[®]** with special permission

Documentation of completion of 30 hour wine course

Letter of financial support from present employer

CCA[®] or Documentation of Human Resource Management and Advanced Sanitation courses

Recommendation letter from one CMC[®]/CMPC[®]

***Contact the Certification Department to verify that CEC[®] meets all education requirements.**

****These candidates must be approved through the National Office and may need to provide additional documentation.**

Payment Information

\$300.00 Member Application Fee (fee is non-refundable)

\$500.00 Non-Member Application Fee (fee is non-refundable)

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover

Credit Card Number: _____ Exp Date: _____ CSC #: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

CMC[®] Certification Application

Certified Master Chef[®]

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

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 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 media.

Signature: _____ Date: _____

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

Valid for five years from date of pre-approval to test for CMC.