



American Culinary Federation

AMERICAN CULINARY FEDERATION Practical Exam Candidate Registration Form

Please complete this registration form and submit to ACF prior to the scheduled practical exam date.

Name _____ ACF# _____

Address _____

City/State/ZIP _____

Phone () _____ Fax () _____

Email: _____

Exam Date: _____ Exam Location: _____

Indicate the certification level you are testing for:

CC[®] ___ CSC[®] ___ CCC[®] ___ CEC[®] ___
CPC[®] ___ CWPC[®] ___ CEPC[®] ___ PCC[™] ___ PCEC[™] ___

Practical Exam fee due to ACF:

ACF Member Fee - \$50 (non-refundable registration fee) Non-Member Fee - \$100 (non-refundable registration fee)

If you need to cancel an exam after you have registered, you must contact both the ACF office and the test site administrator within two weeks of the test date. The ACF registration fee may be transferred to a new test date within six months or will be forfeited. Host sites may charge an additional fee that is payable to the test site administrator hosting the exam, if applicable. Host site fees are separate from the amount due to the American Culinary Federation. Contact the test administrator to confirm test time, host site fee and other specifics about the facility and/or test.

Method of Payment: _____ Amount Paid: \$ _____

1) Check Mailed _____

2) Credit Card: VISA/ MC/ AMEX/ DISCOVER (circle one)

Credit Card #: _____

Expiration Date: _____

Name on credit card: _____

Submit this form with payment via fax, email or mail to:

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

Fax: (904) 940-0742 Email: certify@acfchefs.net