

Initial CSC™ Certification Application  
**Certified Sous Chef™**



Return application and required documentation to:

American Culinary Federation, Inc.  
 180 Center Place Way, St. Augustine, FL 32095  
 (800) 624-9458 ▪ (904) 824-4468  
 Fax: (904) 825-4758  
 certify@acfchefs.net ▪ www.acfchefs.org

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Member ID#: \_\_\_\_\_ Chapter ID#: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Present Position: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**MANDATORY REQUIREMENTS**

**Include proof of completed mandatory requirements with application. Acceptable documents include official transcript, copies of diplomas and employment verification letters on company letterhead. All requirements must be fulfilled before submitting application. Do not send originals.**

1. Education	Date Completed	Documentation Included
High School Diploma/GED plus 50 CEH or	_____	<input type="checkbox"/>
150 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFF Apprenticeship Program	_____	<input type="checkbox"/>
<b>Courses</b>		
30-Hour Culinary Nutrition	_____	<input type="checkbox"/>
30-Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30-Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<b><i>Eight hour refresher course required if initial 30-hour courses are older than five years.</i></b>		
8-Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8-Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8-Hour Refresher Supervisory Management	_____	<input type="checkbox"/>

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**2. Work Experience\***

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

**\*Requirements**

*High School Diploma / GED plus 50 CEH / 150 CEH — 5 years entry level culinarian.  
 Associate's Degree in Culinary Arts — 3 years entry level culinarian.  
 ACF Apprenticeship Program Graduates — Min. 4000 hours on the job training.  
 Work documentation form on ACF Web Site. Experience must be within the past 10 years.*

**3. Written Exam**

(Score valid for 2 years) \_\_\_\_\_ **Location** \_\_\_\_\_ **Date** \_\_\_\_\_ **Score Sheet Included**

**4. Practical Exam**

(Score valid for 1 year) \_\_\_\_\_ **Location** \_\_\_\_\_ **Date** \_\_\_\_\_ **Passing Form Included**

*Exempt from taking Practical Exam if awarded a Gold or Silver Medal in either an ACF F-1 or F-5 Individual Competition or WACS Hot Food Competition within the past 5 years. Documentation required.*

**PAYMENT INFORMATION**

- \$110.00 ACF Member       \$210.00 ACF 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 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

**Return Policy:** The ACF reserves the right to retain \$15.00 of the certification fee for all returned applications.

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