



American Culinary Federation  
**92G Credentialing Program**  
**Graduation Processing Form**

American Culinary Federation Education Foundation, Inc. • 180 Center Place Way • St. Augustine, FL 32095  
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**PERSONAL DATA**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ACF ID#: \_\_\_\_\_

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

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

Mail.mil Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Installation: \_\_\_\_\_

Installation Address: \_\_\_\_\_

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

**DOCUMENTATION**

Please attach the following documents for the apprentice listed above. Process to be completed in order listed below.

1. Practical Exam Summary Scores Sheet
2. Written Examination Passing Form (TWI Rep)
3. On the Job Training Hours Memorandum
4. Course Related Competency Hours Memorandum
5. ACF Testing Procedures Memorandum for the Certified Culinarian® (CC®)
6. Final Evaluation Form from training Log Book

**CERTIFICATION AGREEMENT**

With this application, I verify the information provided is truthful and accurate in all respects. I agree to accept the ACF Certification Commission's decision as to my eligibility and understand an awarded certification is for three years and must be renewed. I further understand and, by my signature, agree to adhere to the ACF Code of Ethics and the policies, terms and conditions of its certification program. I acknowledge that any false statement or misrepresentation that I make may result in the revocation of this application and/or approved certification.

Yes      No      May we release your name to local newspapers and industry publications in order to celebrate your accomplishments?

Soldier: \_\_\_\_\_ Date: \_\_\_\_\_

Food Service SGM: \_\_\_\_\_ Date: \_\_\_\_\_

TWI ACF Military Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

American Culinary Federation Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Certification Date: \_\_\_\_\_ Prepaid Fee Applied: \_\_\_\_\_