



92G Apprenticeship Program  
Apprentice Certified Culinarian  
Processing Form



American Culinary Federation  
Education Foundation, Inc.  
180 Center Place Way  
St. Augustine, FL 32095  
Phone: (800) 624-9458  
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**PERSONAL DATA** (Please type or print clearly)

Installation: \_\_\_\_\_  
Installation address: \_\_\_\_\_  
Soldier name: \_\_\_\_\_ ACF ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal email: \_\_\_\_\_ Phone: \_\_\_\_\_  
AKO email: \_\_\_\_\_

**DOCUMENTATION**

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

- 1. Apprentice Certified Culinarian Processing Form
- 2. 92G Apprentice Graduation Form
- 3. Practical Exam Summary Scores Sheet (hands-on)
- 4. Examination Passing Form (written exam)
- 5. 92G Apprentice Program on the Job Training Hours
- 6. 92G Apprentice Program Course Related Competency Hours
- 7. 92G Apprentice Program Testing Procedures for the CC® Written and Practical Exams
- 8. 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 five 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?

_____ Apprentice	_____ 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: \_\_\_\_\_