American Culinary Federation Education Foundation Inc., Accrediting Commission

Professional Development Report (PDR): Postsecondary Accreditation and Secondary Certification

American Culinary Federation, Inc. ▪ Attention: Accreditation ▪ 180 Center Place Way ▪ St. Augustine, FL 32095 ▪ Toll-free: (800) 624-9458 ▪ www.acfchefs.org

IMIS ID (for ACFEF Use): _____ School Type (check one): ○ Postsecondary ○ Secondary ○ Dual

Name of School: _____

Name of Faculty Member: _____

Date of Initial Employment: _____ Full-Time ○ Part-Time ○

Job Title: _____

Professional Certification(s) Held: _____

Courses Taught: _____

_____

Allocation of Weekly (hourly)

Administrative: _____ Classroom Instruction: _____ Lab Instruction: _____

Supervision of Externships/Internships: _____ Student Advising: _____

EDUCATIONAL BACKGROUND:

Name of Postsecondary Institution	Dates Attended	Diploma, Degree and Major Name

WORK EXPERIENCE RELATED TO SUBJECTS TAUGHT: Starting with most recent/current; use separate sheet if necessary.

Name of Company	Position Held	Dates of Employment

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PROFESSIONAL DEVELOPMENT ACTIVITIES WITHIN THE PAST YEAR

Instructional: (Seminars, workshops, courses or any activities related to learning and improving instructional skills)

Technical: (Seminars, workshops, courses or any activities related to learning and improving technical skills)

Visits to Schools/Institutions with Similar Culinary Programs:

Additional Comments:

I certify that the above statements are true, to the best of my knowledge.

Signature of Faculty Member _____ Date _____

I have verified the above information and believe the statements are true.

Signature of School Official and Title _____ Date _____