American Culinary Federation Education Foundation Inc., Accrediting Commission

Self-Study (Part 1 of 2): 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

Site Visit Start - End Dates (mm/dd/yy - mm/dd/yy): _____

INSTITUTION INFORMATION:

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

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ Website Address: _____

Contact (Program Coordinator/Lead Instructor) Name: _____ Title: _____

Phone: _____ Email: _____

Name of Institution's President/Principal: _____ Title: _____

PROGRAMS SEEKING GRANT OF ACCREDITATION/CERTIFICATION:

Program Name: _____ Check one: ○ Initial ○ Renewal

Program Type (check one): ○ Certificate ○ Diploma ○ Associate Degree ○ Bachelor Degree

Number of Technical Faculty: Full Time _____ Part Time _____ Number of Students: Full-Time _____ Part-Time _____

Years Established: _____ Number of Graduates Last Year: _____ Total Contact Hours: _____ Total Credit Hours: _____

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REQUIRED SIGNATURES:

All documents submitted to the ACFEF by the Educational Institution completing this Self-Study and corresponding Exhibits will be verified to be accurate and truthful, and are the responsibility of the Educational Institution Representative approving and signing this application.

Application Submitted by: _____ _____ _____

Name of Program Coordinator/Lead Instructor | Signature | Date

Application Approved by: _____ _____ _____

Name of Authorized Educational Institution Representative | Signature | Date