

Association of Correctional Food Service Affiliates

CERTIFIED CORRECTIONAL FOODSERVICE PROFESSIONAL APPLICATION

(For initial certification and re-certification)

PRINT OR TYPE

1. ACFSA membership number: _____ 2. Preferred mailing address: Work Home
3. Name: _____
4. Preferred Address: _____
 City, State, Zip Code: _____
5. Home Phone: _____ 6. Work Phone: _____ 7. Fax: _____ 8. Email: _____
9. Years employed in correctional food service: _____ 10. Current employer / position: _____ / _____
11. Highest level of education completed: _____ 12. Current Food Safety Certification expiration date: _____
13. Check if membership application has been submitted (if you don't have a membership number)
14. ACFSA membership expiration date: _____
15. Applying as (check all that applies): New Re-certification Changing Levels Current CCFP Level ____ (3-1)

√	NEW CERTIFICATION*			RE- CERTIFICATION**	FEES	
	√ LEVEL BELOW	MINIMUM SPECIALIZED TRAINING	MINIMUM EDUCATION	MINIMUM YEARS OF QUALIFYING WORK EXPERIENCE	MINIMUM CONTINUING EDUCATION UNITS (CEUs)	New MEMBER / NON MEMBER
<input type="checkbox"/> 3	25 points	HS Diploma/ GED	2	15	\$60 / \$160	\$45 / \$145
<input type="checkbox"/> 2	45 points	2 year Associate Degree OR 10+ years of work experience in correctional food service	3	30	\$60 / \$160	\$45 / \$145
<input type="checkbox"/> 1	80 points or 12 semester hours in food safety, nutrition, food service management, and communications	Four-year Bachelor degree OR 20+ years of work experience in correctional food service	4	45	\$60 / \$160	\$45 / \$145

* NEW CERTIFICATION - Submit Application, Application Worksheet, copy of your current food safety course certificate, and documents verifying all Specialized Training Courses and your education past high school. Specialized Training must include all four Key Areas and cannot date back more than five years from the date of application, with the exception of completed college courses.

** RE-CERTIFICATION - Submit Application, CEU Tracker, copy of your current food safety course certificate, and documents verifying all requested CEUs.

Make checks payable to: ACFSA. Mail completed application to: ACFSA, 210 N. Glenoaks Blvd. Ste. C, Burbank, CA 91502
 Please call the ACFSA at (818) 843-6608 with any questions. Make a copy of the application and documentation for your records.

I hereby verify that I am eligible for certification and /or recertification at the requested level according to the requirements listed within the CCFP brochure, and that my certification can be revoked if any portion of this information is found to be incorrect.

16. _____
 Applicant's Signature Date

FOR OFFICE USE ONLY
Date Received _____
Check # _____
Check Amount _____
Certification Level Appvd. _____