|  |
| --- |
| **Instructions:** Please submit completed form with documentation and check payment to:  IFSEAEF Phone: 775-636-7992  3085 Achilles Drive E-Mail: ifsea.certifications@gmail.com  Reno, Nevada 89512 Web: www.IFSEAEF.org |

\*\*Any candidates needing accommodations, please contact the certification office.\*\*

|  |
| --- |
| **Select Type of Certification**: \_\_\_CFA \_\_\_CFM \_\_\_CFE  **Price:** **CFA** – Member: $129.00 Non-Member: $150.00 Full Classroom/Active Military: $129.00  CFA Recertification – Member: $50.00 Non-Member: $75.00 Active Military: $50.00  **CFM** – Member: $159.00 Non-Member: $295.00 Full Classroom/Active Military: $159.00  CFM Recertification – Member: $75.00 Non-Member: $100.00 Active Military: $75.00  **CFE** – Member: $325.00 Non-Member: $525.00 Full Classroom/Active Military: $325.00  CFE Recertification – Member: $100.00 Non-Member: $125.00 Active Military: $100.00 |

|  |  |
| --- | --- |
| **Full Name:** | **Date:** |
| **Cell Phone #:** | **Home Phone #:** |
| **Work Phone #:** | **E-Mail:** |
| **Street Address:** | |
| City: | **State:** **Zip Code:** |

Note: Each category must be supported by documentation, e.g., Job Experience – complete IFSEA Employment Documentation Form; Education – a copy of degree/certificate or a signed certificate or letter of attendance; and Additional Points – supporting documentation from a IFSEA Chapter Officer or National Officer. Non-members and Military must attach documents and have a supervisor sign off.

|  |  |  |  |
| --- | --- | --- | --- |
| **JOB EXPERIENCE – Only for CFM and CFE** | | | |
| **Position** | Organization and Location | From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORMAL EDUCATION - CFA, CFM & CFE** | | | | | | | | | | | | |
| School | | City and State | | From | To | | Course of Study | | | | Degree/Certificate | |
|  | |  | |  |  | |  | | | |  | |
|  | |  | |  |  | |  | | | |  | |
|  | |  | |  |  | |  | | | |  | |
| IFSEA CONFERENCE/WORKSHOP/OTHER COURSES & ASSOCIATION CONFERENCES | | | | | | | | | | | | |
| **Year** | **City & State** | | | **Name of Course/Conference** | | | | **Length** | | **Certificate** | | |
|  |  | | |  | | | |  | |  | | |
|  |  | | |  | | | |  | |  | | |
|  |  | | |  | | | |  | |  | | |
| ADDITIONAL POINTS: (CFA: 10 Points) (CFM: 50 Points) (CFE: 50 Points) | | | | | | | | | | | |
| **IFSEA & INDUSTRY ACTIVITIES** | | | **Specifics** | | | **From** | | | **To** | | **Total Years** |
| **IFSEA Student Committee Member** | | |  | | |  | | |  | |  |
| **Culinary or Hospitality Competition** | | |  | | |  | | |  | |  |
| **Member of another food service hospitality association** | | |  | | |  | | |  | |  |
| **Awards received from food service,**  **hospitality, leadership** | | |  | | |  | | |  | |  |
| **Instructor of a course/seminar** | | |  | | |  | | |  | |  |
| **Volunteer in a Community Service Project** | | |  | | |  | | |  | |  |
| **Organized New IFSEA Chapter** | | |  | | |  | | |  | |  |
| **Signed On New Sponsors** | | |  | | |  | | |  | |  |
| **IFSEA Conference & Trade Show Staff** | | |  | | |  | | |  | |  |
| **IFSEA Membership** | | |  | | |  | | |  | |  |
| **IFSEA Branch Member** | | |  | | |  | | |  | |  |
| **IFSEA Executive Board Member** | | |  | | |  | | |  | |  |
| **IFSEA Officer** | | |  | | |  | | |  | |  |
| **IFSEA Committee Chairperson** | | |  | | |  | | |  | |  |
| **IFSEA Committee Member** | | |  | | |  | | |  | |  |
| **Sponsor of New IFSEA Member** | | |  | | |  | | |  | |  |
| **Featured Speaker** | | |  | | |  | | |  | |  |
| **Published Food Service/Hospitality Article** | | |  | | |  | | |  | |  |
| **Branch Meeting Attendance** | | |  | | |  | | |  | |  |

|  |
| --- |
| **Recertification Program:** To remain as a CFA, awardees must re-certify every three years, to remain as a CFM or CFE, awardees must re-certify every five years. The continuing professional development of food service managers is essential to enable them to cope with rapidly changing conditions and technology in the industry. To remain certified, a Certified Food Associate must accumulate 20 Education/CEH and 1 year work experience. To remain certified as a Certified Food Manager or Certified Food Executive 50 Education/CEH hours must be accumulated. Credit will only be earned with credit values corresponding to the approved Education Continuing Education Hours.. |

|  |
| --- |
| **Check the type of recertification:**  I hereby petition for recognition as a \_\_\_ CERTIFIED FOOD ASSOCIATE (CFA), \_\_\_CERTIFIED FOOD MANAGER, or \_\_\_ CERTIFIED FOOD EXECUTIVE (CFE) and swear or affirm that the above information is complete, correct and accurate to the best of my knowledge and understand that it is subject to verification. I also acknowledge that, once certified, I will be required to maintain my designation through the Recertification Program. If I fail to meet that requirement, I will lose my certification.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Print Name Date |
| IMMEDIATE SUPERVISOR’S OR IFSEADEF OFFICER’S CERTIFYING ENDORSEMENT By my signature, I certify that I am the petitioner’s immediate supervisor or IFSEA Branch Officer. I have reviewed the information submitted herein and recommend that the petitioners’ request for certification or recertification be accepted.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Print Name Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official Position or Title E-Mail Address Phone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official Mailing Address City State Zip Code |

|  |
| --- |
| **Office Use Only:** Verified By:\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Approved:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_  Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Study Guide Shipped:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |