



RCACC Certification Form Preview of Questions

- * Are you currently an RCA member?
- * Which Certification are you Applying
- * Your Name
- * Date of Birth (month, day and four-digit year)
- * Preferred Mailing Address
- * Contact Information
- * Employer Information

Education Background

Name of Institution

Institution Address

Institution Phone Number

Degree or Course

Date from

Date to

Food Service Work Experience

List all full-time food service production and/or supervisory positions in a commercial kitchen you have held with the most recently held position first.

Include job title, duties, and start and finish dates of employment; name, address and phone number of employer; and the name and telephone number of a reference who can verify this experience. Please contact work experience references in advance of submitting your application to let them know they will be contacted by the RCACC;

supply correct telephone numbers for all references; and arrange this information in reverse chronological order with the most recent experience first. Make sure you have avoided counting two jobs for the same period.

References will be contacted so it is advised that you give your listed references prior notice.

Food Service Work Experience

Job title

Job duties

Employer name

Employer phone number

Employer address

Reference email

Reference name

Reference phone number

Date started (MM/YYYY)

Date ended (MM/YYYY)

ACF Certified Culinarian Practical Exam

Only complete if applicant does not have a culinary arts degree or culinary certificate. Please include copy of certificate and relevant food service production or supervisory positions in a commercial kitchen you have held, preferably, OR for one year or longer during your career.

Applicants with no culinary degree/certificate/diploma must complete in addition to 5+ years of food service experience.

ACF Certified Culinarian Practical Exam

Date you passed the ACF Certified Culinarian Practical Exam

Please enter the date you passed the exam.

Upload Certificate

Research & Development Work Experience

List all relevant research and development positions you have held, preferably for one year or longer during your career. Include job title, duties, and start and finish dates of employment; name, address and phone number of employer; and the name and telephone number of a reference who can verify this experience.

Please contact work experience references in advance of submitting your application to let them know they will be contacted by the RCACC; supply correct telephone numbers for all references; and arrange this information in reverse chronological order with the most recent experience first. Make sure you have avoided counting two jobs for the same period.

References will be contacted so it is advised that you give your listed references prior notice.

Research & Development Work Experience

Job title

Job duties

Employer name

Employer phone number

Employer address

Reference email

Reference name

Reference phone number

Date started (MM/YYYY)

Date ended (MM/YYYY)

Documentation of Education & Work Experience

Education and work experience must be verifiable and submitted with this application. Submitting documentation separately will cause a delay in the approval process.

10 documents can be submitted here. Please consolidate files if you have more than 10.

Documentation of education is required. Acceptable documentation of education includes:

- * Official/unofficial transcripts
- * Diplomas
- * Certificates

Work experience and contact hours must be verifiable by the references listed or further documentation is required. Self-employed applicants must submit at least two reference who can verify full-time work experience.

Agreement & Payment

Certification application requires an application fee of \$550 for members and \$1,000 for nonmembers. This fee covers the cost of application and one scheduled test. If the Application is denied, 50% of your fee will be refunded.

Upon receipt of this completed application, RCA Headquarters will send an invoice for payment of the application fee.

If paying by check, please make your check payable to the Research Chefs Association and mail to PO Box 2144, Lexington, KY 40588-2144. Please include a copy of the invoice, or your name on the check, so that we can ensure it is applied to the correct applicant.