



— American Culinary Federation Education Foundation —
Secondary Certification Faculty Data Sheet

(Invalid without signatures. Please type.)

Name of School: _____

Name of Faculty Member: _____

Date of Employment: _____ **Full-Time** **Part-Time**

Job Title: _____

Teaching Hours/Week: _____ **Office Hours** _____

Professional Certification(s) held: _____

Courses Taught: _____

Education: Name of Institution with Dates Attended describing Degree or Diploma and Major:

Experience: Starting with most recent/current; use separate sheet if necessary.

Name of Company and Job Title including Dates of employment:

Professional Organizations: (Of which you are currently a member)

Name of Organization:

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Professional Development Activities

Technical Skills (Seminars, workshops, courses or activities related to the field in which you are teaching)

Name, date and number of contact hours of class/activity:

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

Name, date and number of contact hours of class/activity:

Visits to Other Programs: (Schools/institutions with similar culinary programs)

Name of school and date of visit:

Additional Comments:

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

Date: _____ Signature of Faculty Member: _____

I have verified the above information and believe the statements to be true.

Date: _____ Signature of School Official and Title: _____