



PCA CERTIFICATION APPLICATION FORM

HOW TO APPLY

Complete Sections 1-3 as thoroughly and accurately as possible.

Have your supervisor or human resources complete and return the attached Recommendation and Employment Verification Form.

Sign and return your completed application, including an updated resume, the appropriate fee and a professional picture

SECTION 1

Please check the appropriate Certification Level you are applying for:

	Level	Cost
	CORPORATE EXECUTIVE CHEF	\$ 2400.00
	EXECUTIVE CHEF	\$ 1800.00
*	CERTIFIED PROFESSIONAL PASTRY CHEF	\$ 1800.00
	SOUS CHEF	\$ 1200.00
	PASTRY ASSISTEND	\$ 800.00
	PROFESSIONAL SERVER	\$ 120.00
	BARMAN	\$ 120.00

Includes: Online course material, certificate of completion and PCA Medal of Excellence.

SECTION 2 – CERTIFICATION AGREEMENT

Please read the following Certification Agreement and sign and date it at the bottom. We must have your signature below to process your application.

The information I have provided is accurate. I understand that acceptance into the PCA program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the Professional Chefs Association permission to thoroughly investigate my past employment, education, and professional development activities. I identify all persons I have listed in this application against any liability which might result from such an investigation. If I am accepted as a PCA candidate, I will have six months to complete all program requirements. If I do not complete the program within six months I will have to re-apply and submit all fees. I agree to hold the Professional Chefs Association and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons which would, in the judgment of the Professional Chefs Association, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

Professional Certification Department at the address below.

Signature: _____

Date: _____

SECTION 3

PERSONAL AND PROFESSIONAL DATA
(Information will be sent to your home address unless otherwise indicated.)

FOR OFFICE USE ONLY

Customer #

Date

Level:

Payment

NAME (Mr./Ms.)	Social Security #
Home Mailing Address	e-mail
City	State or Province/Postal ZIP Code/Country
Home Phone	Home Fax
Business Phone	Business Fax

PRESENT POSITION	When did you begin? (month/year)	Job Responsibilities
Company/Property		Supervisor's Name
Mailing Address		Supervisor's Phone
State or Province/Postal Code/Country		Business Phone
Property Affiliations (include chains, referral groups, management companies)		Business Fax

PREVIOUS POSITION	Employment, month/year	Job Responsibilities
Company/Property		Supervisor's Name
Mailing Address		Supervisor's Phone
State or Province/Postal Code/Country		Business Phone
Property Affiliations (include chains, referral groups, management companies)		Business Fax

- **FEES/PAYMENT**

My check or money order is enclosed, made payable in U.S. funds drawn on a U.S. bank to:
The Professional Chefs Association

EMPLOYMENT VERIFICATION FORM

PLEASE TYPE OR PRINT CLEARLY.

The certified designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities within a hospitality setting. Those who earn their Certification are seen as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification.

Acceptance into the Professional Chefs Association certification program is contingent on verification of employment. The applicant has been directed to give this form to an immediate supervisor or corporate representative.

(Note: The PCA Certification Commission will not accept verification statements from relatives of potential certification candidates.)

I verify that (name)
has been employed with (property or company)
in the position of (title)
for the period of (month/year) through (month/year)
His/her responsibilities include:
Additional comments:

Based on the applicant's experience and competence:

I attest that the above information is true and understand that any misinformation provided may affect the candidacy of stated PCA applicant. I recommend this individual for the Professional Chefs Association Certification program and verify that the position the candidate currently holds is a food and beverage position. I will, if called upon, answer any questions regarding the employment of the stated PCA applicant.

I do not recommend this person for acceptance as a PCA candidate.

Signature:	Date:
Your Name (Mr./Ms.):	
Title:	Property:
Address:	City:
State or Province:	Country: Postal Code:
Business Telephone:	Fax: e-mail

PLEASE SEND THIS COMPLETED FORM TO:

Professional Chefs Association, P.O. Box 453, Frederick, Colorado 80530
PCA Office Phone: (720) 379-8759 email: Support@ProfessionalChef.com

- **When You Apply**

When you apply for certification, it is important that we receive an updated resume with your application. Copies of college transcripts, current and past job descriptions, organizational charts, and other supporting documents will help ensure that your application is processed quickly and correctly. All applications and supporting documentation become the property of the Educational Institute.

The PCA Recommendation and Employment Verification Form should be completed by your immediate supervisor or the appropriate corporate representative and returned to the Educational Institute. If your immediate supervisor or corporate representative is a relative, we will accept appropriate business or professional references as a substitute. This also applies if you have no corporate representative or supervisor who can verify employment.

- **Eligibility and Your Candidacy Status**

The Certification Commission will review your materials to determine your eligibility. You will receive written notification within three weeks of receipt of your application. Upon Commission approval, you become a candidate for certification.

If your application is not accepted for any reason, you will be notified in writing and your application/examination fee (minus a \$50 processing fee) will be refunded. If you wish, you may appeal in writing to the Certification Commission Appeals Committee. Please submit your original application, all supporting documentation, and a letter outlining the reasons for reconsideration. The Committee will review your appeal and respond in writing.

- **Your Test Results**

A passing score is 70 percent or better. To guarantee your privacy, absolutely no scores will be given over the phone. Your exam results will be mailed directly to you, along with a written assessment.

- **The PCA Exam Retake Policy**

If a successful score is not achieved during the first attempt at completing the examination requirement, candidates will be provided two additional opportunities to complete the requirement. For each retake, a fee of US\$25.00 will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after all three attempts, the enrollment will be discontinued and the individual will be required to wait one year before reapplying.

- **Recertification:**

Your Key to Ongoing Professional Growth

Every year the Certification Commission will recertify you based on your continuing work experience and ongoing professional-development activities. Every time you fulfill the yearly recertification requirements, you receive a new PCA certification ID (There are no recertification fee's).

- **Policy Questions?**

We will be happy to answer any questions you might have. Call the Professional Certification Department at (720) 379-8759 .

*All fees and requirements are in effect as of July 1, 2010 and are subject to change without notice.