



**National Restaurant Association Educational Foundation  
Certified Secondary Foodservice Educator (CSFE)  
Renewal Application**

**Application Information:**

**Name:**

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**Job Title:**

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**Name of School that you are teaching at:**

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**Home Mailing Address:**

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**Phone:**

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**Fax:**

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**E-mail:**

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**Year of Certification:**

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**Continuing Education Hours and Activities**

Requirements: 80 hours every 5 years. Include documentation for all hours submitted.  
You may copy this page if additional space is needed.

Activity	Dates	Hours
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		



## Certification Agreement

With this application, I verify the information provided is truthful and accurate. I grant the NRAEF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to accept the NRAEF Certification Governing Board's determination on all certification decisions. Certification is awarded for five years and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow NRAEF to share my certification accomplishment in NRAEF communications and with local newspapers and industry publications.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please return to ProStart staff at the NRAEF either by mail, email, or fax.

### Mail

ProStart  
NRAEF  
2055 L Street NW  
Washington, DC 20036

### Email

prostart@nraef.org

### Fax

202-973-5375