CFE CANDIDATE RECOMMENDATION FORM

FORM INSTRUCTIONS

Candidate:
- Three completed forms required
- Submit completed forms with CFE Exam application

Recommender:
- For individuals who have worked with the candidate professionally
- Complete and return form to CFE Exam applicant

INFORMATION ABOUT CANDIDATE

First/Given Name (❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.) _____ Last Name/Surname _____

City _____ Country _____

Employer _____ Official Job Title _____

INFORMATION ABOUT YOU

How do you know the candidate?

❑ I am the candidate's supervisor (past or current)
❑ I am the candidate's co-worker or colleague (past or current)
❑ Other (please explain): _____

Please briefly describe your professional relationship with the candidate:

_____

Are you a Certified Fraud Examiner? ❑ Yes ❑ No

First/Given Name (❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.) _____ Last Name/Surname _____

Employer _____ Official Job Title _____

Business Address _____

Phone _____ E-mail Address _____

ADDITIONAL COMMENTS

_____

_____

STATEMENT OF CHARACTER REFERENCE

In my opinion the candidate named on this form exhibits the character, integrity and professional skills necessary to hold the Certified Fraud Examiner (CFE) credential. I hereby recommend this candidate to be certified as a CFE.

Signature (recommender) _____ Date _____

Candidate — Return with completed application and supporting documentation to:

ACFE MEMBERSHIP ADMISSIONS
World Headquarters • The Gregor Building
716 West Avenue • Austin, TX 78701-2727 • USA
Tel: (800) 245-3321 / +1 (512) 478-9000 • Fax: +1 (512) 478-9297
E-mail: exam@ACFE.com • Web: www.ACFE.com

Updated 5/09