



CFE EXAM APPLICATION

ACFE Member #: _____

APPLICATION INSTRUCTIONS

- For ACFE Members Only
- Complete all application questions
- Attach all supporting documentation
- Submit application, supporting documentation and fee to Membership Admissions

NOTE: This form contains electronic fields that can be filled out in Adobe Acrobat Reader®. Use the hand tool to fill out the application.

ATTACH PHOTO HERE

Incomplete applications will not be processed.

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

Home Address _____

City _____ State _____ Zip/Routing Code _____ Country _____

Home Phone _____ Home Fax _____ Home E-mail Address _____

Employer _____ Official Job Title _____

Business Address _____

City _____ State _____ Zip/Routing Code _____ Country _____

Business Phone _____ Business Fax _____ Business E-mail Address _____ Birthplace _____ Birthdate (mm/dd/yy) _____

Preferred Mailing Address: Home Business _____ Preferred E-mail Address (required): Home Business _____

APPLICATION FEE

The CFE Exam application is non-refundable. We will keep your application on file for two years. If, after two years you have not completed the CFE Program, your application will be canceled and a new application, fee and supporting documentation must be submitted.

- US \$250 – Applicants will be sent a *Fraud Examiners Manual* on CD-ROM that corresponds to the exam version chosen
- US \$150 – Applicants must have previously purchased the *CFE Exam Prep Course*

Please choose your *CFE Exam* version: US UK CANADA INTERNATIONAL

Charge my (Check one. *Card charged in US \$*):

Applications submitted without payment or supporting documentation will not be processed.

Card Number _____ Card Expires (Month/Year) _____ V-Code (on back/front of AMEX) _____

Cardholder Name (as shown on card, please print) _____ Signature _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Check or Money Order enclosed. Make checks payable to: Association of Certified Fraud Examiners. Check/Money Order #: _____

Return completed application and supporting documentation to:
MEMBERSHIP ADMISSIONS
 Association of Certified Fraud Examiners
 WORLD HEADQUARTERS • THE GREGOR BUILDING
 716 West Ave • 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

FOR OFFICE USE ONLY

Requirements:

- Minimum of 50 Qualifying Points (Applicants may take the *CFE Exam* with a total of 40 Qualifying Points, however applicants must meet the education and experience requirements before certification)
- Minimum of two years of professional experience that is either directly or indirectly related to fraud (ie. Accounting, Auditing, Criminology, Investigation, Loss Prevention, and Law Enforcement or Legal experience as it relates to fraud)

QUALIFICATIONS	POINT MULTIPLIER	SCORE
Years of professional fraud-related experience (directly or indirectly related to fraud)	5 points for each year of full-time experience	years x 5 =
Bachelor's Degree or equivalent (max four years)	10 points for each year of completed undergraduate education	years x 10 = (max 40 pts)
Master's Degree	5 points	
Ph.D., J.D. or equivalent	10 points	
Professional Certifications/Designations (eg. CPA, CIA, etc.)	10 points for each professional certification: _____ Certification _____ Year Certified _____ Certification _____ Year Certified	certifications x 10 =
TOTAL SCORE		

If you answer yes to any question below, submit a detailed description of the incident(s) with your application and supporting documentation.

- How many cases of suspected fraud have you investigated or uncovered? **Approximate number required. Please include all cases resolved or not:** _____
- Have you ever written audit or security programs designed to detect or uncover fraud? Yes No
- Do you have experience in computer-related security? Yes No
- Have you ever conducted original research or written articles and/or books in a fraud-related field? Yes No
- Have you ever qualified as an expert witness in accounting or fraud matters by a judicial authority? Yes No
- Have you ever served on professional committees? Yes No
- Do you have any special qualifications in a fraud-related area? Yes No

8. Indicate the approximate percentage of your current professional time spent in the following areas:

Auditing	%	Fraud-Related Internal Controls	%	Computer Forensics	%
Forensic Accounting	%	Teaching or Research	%	Loss Prevention	%
Fraud Investigation	%	Consulting on Fraud-Related Matters	%	Other: _____	%

CHARACTER

- Have you ever been convicted of a felony or misdemeanor involving moral turpitude ("Moral turpitude" means an offense that calls into question the integrity or judgment of the offender, such as fraud, bribery, corruption, theft, embezzlement, solicitation, etc.)? Yes No **If yes, please describe*:**

- Have you ever been discharged from employment for dishonesty, criminal acts, or moral turpitude? Yes No **If yes, please describe*:**

- Have you ever been subject to an adverse civil or administrative judgment for fraud or moral turpitude? Yes No **If yes, please describe*:**

- Have you ever been disciplined, sanctioned, reprimanded or subjected to any like action by a professional body of which you were or are a member? Yes No **If yes, please describe*:**

- Have you ever had a professional license or other authority to practice revoked or suspended? Yes No **If yes, please describe*:**

*Attach additional pages if necessary.

SIGNATURE REQUIRED

I understand the CFE Program steps outlined below and have included all required supporting documentation and fee with this application. I certify that the information submitted with this application is true and correct to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the Bylaws and Code of Professional Ethics of the Association of Certified Fraud Examiners. Membership is a privilege and not a right. Qualifications are established by the Board of Regents whose decisions are final. I consent to the storage of my personal information in the ACFE's offices in the United States, in its regional offices, and by its local chapters.

Signature _____

Date _____

CFE PROGRAM STEPS & REQUIRED DOCUMENTATION

1. Submit completed application with fee and the following supporting documentation:

- Three CFE Candidate Recommendation Forms; completed by individuals who have worked with you professionally and can comment on your character, integrity, and professional skills. To download the form go to www.ACFE.com/CFECandidateform.
- Documentation of education and experience items claimed on the Qualifying Points tally. This includes official transcripts or photocopies of degree certificates/diplomas for documents and translations if they are not originally in English. Online, computer-generated copies of transcripts are not accepted.
- A current passport-size photograph with your name and ACFE member number printed on the back. Tape this photograph to the photograph box on front of application.

2. Final Certification Review

Your complete application file including supporting documentation will be reviewed by the Certification Committee before a decision on certification is made. The review process may take up to six weeks from receipt of all requested documentation and fees.



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
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