

APPLICATION INSTRUCTIONS

ACFE Member #:

Please read all instructions carefully before submitting your application.





- For faster processing, submit your application and supporting documents online at ACFE.com/CFEExamApplication.
- Applications and supporting documents submitted online are generally processed within 3-5 business days. Applications submitted via mail, email or fax require an additional 7-10 business days for processing. Incomplete applications and applications without payment will not be processed.
- You must be an Associate member to take the CFE Exam and earn the CFE credential. Join online at ACFE.com/JoinNow before submitting your CFE Exam Application.
- Submit a completed application and attach the following supporting documents (for faster processing, submit your supporting documents to ACFE.com/CertificationPortal):
 - Experience addendum describing details of your fraud-related job duties and percentage of time spent in the fraud-related categories.
 - Three professional recommendation forms completed by individuals who have worked with you professionally and can comment on your character, integrity and professional skills. Recommendations expire three years after the date written.
 - Documentation of education including official transcripts, photocopies of degree certificates or diplomas (must be translated to English). Advisory transcripts or schedules are not accepted.
 - A recent photograph. Low quality or blurry images not accepted.

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

PERSONAL INFORMATION

First/Given Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name/Surname	Birthdate - (month/day/year)	
Home Address	City	State/Province	Zip/Postal/Routing Code Country
Personal Phone	Personal Email Address		
Employer	Official Job Title		
Business Address	City	State/Province	Zip/Postal/Routing Code Country
Business Phone	Business Email Address	Birthplace	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Preferred Email Address (required): <input type="checkbox"/> Personal <input type="checkbox"/> Business		

APPLICATION FEE

CFE Exam Application Fees (The CFE Exam Application fee is non-refundable.)	Price	Total
<input type="checkbox"/> I have previously purchased the <i>CFE Exam Prep Course</i> .	\$300	
<input type="checkbox"/> I will be studying without the <i>CFE Exam Prep Course</i> . Send me a copy of the CFE Exam. Please check the box for the version you would prefer. Exam version: <input type="checkbox"/> U.S. <input type="checkbox"/> International	\$400	
Optional: <input type="checkbox"/> I would like to purchase a downloadable version of the <i>Fraud Examiners Manual</i> . <small>*Texas residents will incur sales tax of \$8.17.</small>	\$99*	
<input type="checkbox"/> Charge my (Check one. <i>Card charged in U.S. \$</i>): <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	Subtotal	
	FEM Sales Tax (TX only)*	
	TOTAL FEES	

Card Number	Card Expires (Month/Year)
Cardholder Name (as shown on card, please print)	V-Code (on back/front of AMEX)
Billing Address	City State/Province
Zip/Postal/Routing Code	Country

Signature _____

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

Visit ACFE.com/CFEExamApplication to submit your application online, or return the completed application and supporting documentation to ACFE Membership Admissions:

GLOBAL HEADQUARTERS • THE GREGOR BUILDING Tel: (800) 245-3321 / +1 (512) 478-9000 • Fax: +1 (512) 276-8180
716 West Ave • Austin, TX 78701-2727 • USA Email: Exam@ACFE.com • Web: ACFE.com

Eligibility: Your eligibility to be certified is based upon a point system, which awards points for education, professional certifications and fraud-related work experience.

1. All candidates certified by exam must have a minimum of 50 qualifying points and two full years of professional experience that is either directly or indirectly related to fraud. The ACFE's Board of Regents has established the following categories as acceptable fraud-related experience: Accounting, Auditing, Criminology, Investigation, Loss Prevention, Law Enforcement, or Legal experience as it relates to fraud.

2. Applicants may take the CFE Exam with a total of 40 qualifying points, however all applicants must have 50 or more points and two years of fraud-related experience to become certified.

Qualifications	Points Multiplier	Points
Add 5 points for each full year of professional fraud-related experience*.	Number of years: _____ x 5 pts. =	
If less than two years experience, indicate approximate date on which your professional experience will equal two years.	Date two years will be completed (mm/dd/yy) = _____	
Add 40 points if you have completed a Bachelor's Degree.	Max of 40 points for a Bachelor's Degree	
If no degree, add 10 points for each full year of college (max of four years).	Years completed (max 40 pts.): _____ x 10 pts. =	
Add 5 points for each Master's Degree earned.	Number obtained: _____ x 5 pts. =	
Add 10 points for each Ph.D., J.D. or equivalent degree earned.	Number obtained: _____ x 10 pts. =	
If you do not meet the minimum points requirements with education and/or experience above to take the exam, you may add 10 points for each ACFE approved Professional Certification (eg. CPA, CIA, CMA, etc.) earned. For a list of certifications approved by ACFE visit ACFE.com/professional-certifications . _____ Certification _____ Certification	Number obtained: _____ x 10 pts. =	
TOTAL POINTS:		

*Concurrent experience in more than one area cannot be claimed.

- 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

CHARACTER

- Have you ever been convicted of any felony, or a misdemeanor involving moral turpitude that you have not previously reported to the ACFE? ("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 disciplined, sanctioned, reprimanded or subjected to any like action by a professional body of which you were or are a member and that you have not previously reported to the ACFE? Yes No **If yes, please describe*:**

- Have you ever had a professional license or other authority to practice revoked or suspended that you have not previously reported to the ACFE? Yes No **If yes, please describe*:**

***Attach additional pages if necessary.**

SIGNATURE REQUIRED

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. Active membership is a requirement to take the CFE Exam and maintain the CFE credential. I understand my CFE Exam Application will expire two years after the date of submission. If after two years, I have not completed the CFE Program, my application will be canceled and a new application, fee and supporting documentation must be submitted to continue. 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. An electronically affixed signature on this form carries the same level of enforceability and validity as a handwritten signature.



Signature _____

Date (mm/dd/yy) _____

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PROFESSIONAL WORK EXPERIENCE ADDENDUM

APPLICATION INSTRUCTIONS

ACFE Member #:

For faster processing, submit your fraud-related work experience details online at ACFE.com/CertificationPortal. Supporting documents submitted online are generally processed within 3-5 business days. Documents submitted via mail, email or fax require an additional 7-10 business days for processing.

1. Complete this experience addendum for each organization where you have held a fraud-related position. Fraud-related experience means that you have worked full-time in a position that contributes to the prevention, detection or deterrence of fraud.
2. Your fraud-related experience will be reviewed and accepted based on the information provided within this form. You will be notified, by email, if additional information or clarification is needed. Submit additional forms if necessary.

CANDIDATE INFORMATION

First/Given Name (Dr. Mr. Mrs. Ms.)

Last Name/Surname

EXPERIENCE

Organization _____ Official Job Title _____

Hire Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____ I am currently employed at this organization

Please describe the fraud-related responsibilities in this position: (attach additional pages if necessary)

Please outline the specific percentage of time spent in each of the following categories:

Auditing:		Fraud-Related Internal Controls:		Consulting on Fraud-Related Matters:	
Forensic Accounting:		Loss Prevention		Teaching or Research at a University on Fraud-Related Matters	
Fraud Investigation:		Computer Forensics:		Other (specify): _____	

EXPERIENCE

Organization _____ Official Job Title _____

Hire Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____ I am currently employed at this organization

Please describe the fraud-related responsibilities in this position: (attach additional pages if necessary)

Please outline the specific percentage of time spent in each of the following categories:

Auditing:		Fraud-Related Internal Controls:		Consulting on Fraud-Related Matters:	
Forensic Accounting:		Loss Prevention		Teaching or Research at a University on Fraud-Related Matters	
Fraud Investigation:		Computer Forensics:		Other (specify): _____	

Visit ACFE.com/CertificationPortal to submit your work experience for review or return the completed form with your Exam Application and supporting documentation to ACFE Membership Admissions:

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PROFESSIONAL RECOMMENDATION FORM

FORM INSTRUCTIONS

ACFE Member #:

Candidate:

- Three completed forms required
- Submit completed forms with CFE Exam application
- Forms expire three years after date written

Recommender:

- Must have worked with the candidate professionally
- Must be written in English or translated to English
- Complete and return form to CFE Exam applicant

INFORMATION ABOUT CANDIDATE

First/Given Name (Dr. Mr. Mrs. Ms.)

Last Name/Surname

ACFE Member #

City

Country

Employer

Official Job Title

INFORMATION ABOUT RECOMMENDER

How do you know the candidate?

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

Where have you worked with the candidate?

Please briefly describe your professional working 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

Email 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. I certify that the information submitted with this recommendation form is true and correct to the best of my knowledge. Falsification of any information on this form is grounds for denial. I consent to the storage of my personal information in the ACFE's offices. An electronically affixed signature on this form carries the same level of enforceability and validity as a handwritten signature.

SIGN HERE

Recommender Signature

Date (mm/dd/yy)