

CFE RECERTIFICATION APPLICATION



Submit your complete application to:

- ACFE.com/Recertification or CPE@ACFE.com
- Global Headquarters | The Gregor Building
716 West Avenue | Austin, TX 78701-2727 | USA
- +1 (512) 276-8180

Questions?

- (800) 245-3321 / +1 (512) 478-9000
- Live Chat at ACFE.com M-F, 7:30-6 CT

ACFE MEMBER #

APPLICATION INSTRUCTIONS

The following member may be reinstated as a Certified Fraud Examiner (CFE) in good standing by applying for reinstatement to the Association of Certified Fraud Examiners (ACFE) with this application.

- A Certified Fraud Examiners whose membership has not been active for three consecutive years or less and has completed a minimum of 20 credit hours of approved Continuing Professional Education (CPE) of which 10 credit hours must be fraud-related and 2 credit hours must be ethics-related in the last 12 months.
- A Certified Fraud Examiner whose membership has not been active for more than three consecutive years but less than five consecutive years who has completed a minimum of 40 credit hours of approved Continuing Professional Education (CPE) of which 20 credit hours must be fraud-related and 4 credit hours must be ethics-related in the last 24 months. Documentation of CPE earned is required to be submitted with this form.

ACFE with five or more years of CPE suspension will have his/her membership transferred to the Associate status. Should an individual in this scenario want to reinstate his/her credential, he/she will be required to take the CFE Exam. More information on recertification may be found online at ACFE.com/Recertification. Any questions pertaining to recertification or certification requirements should be directed to the ACFE Certification Team at (800) 245-3321 / +1 (512) 478-9000 or by email to CPE@ACFE.com.

PERSONAL INFORMATION

First Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name/Surname
Previous CFE Number	Date of Birth (MM/DD/YYYY)
Home Address	
City	State/Province
Zip/Postal/Routing Code	Country
Personal Phone	Personal Email Address

EMPLOYMENT

Employer	
Job Title	
Business Address	
City	State/Province
Zip/Postal/Routing Code	Country
Business Phone	Business Email Address

Preferred Mailing Address: Home Business Preferred Email Address: Personal Business

JOB AND INDUSTRY

Job Function (please select one)

- Fraud Examiner
- Fraud Investigator
- Private Investigator
- Special Agent
- Internal Auditor
- External Auditor
- Forensic Accountant
- CPA, CA or equivalent
- Management Accountant
- Controller
- Other Accounting/Finance
- Governance, Risk and Compliance
- Corporate Management
- Loss Prevention
- IT Professional
- Security Professional
- Attorney/Legal Professional
- Educator
- Retired
- Other:

Industry (please select one)

- Education
- Financial Institutions
- Government
- Health Care
- Insurance
- Law Enforcement
- Law/Legal Services
- Management Consultants
- Manufacturing
- Public/Chartered Accounting
- Real Estate
- Services
- Non-Profit
- Other:

CERTIFICATION (PLEASE ANSWER ALL QUESTIONS)

YES NO I have been expired or not active for less than three years. I hereby certify that I completed a minimum of 20 credit hours of approved CPE of which 10 credit hours must be fraud-related and 2 credit hours must be ethics-related in the last 12 months.

YES NO I have been expired for more than three years but less than five consecutive years. I hereby certify that I completed a minimum of 40 credit hours of approved CPE of which 20 credit hours must be fraud-related and 4 credit hours must be ethics-related in the last 24 months.

YES NO 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 judgement of the offender, such as fraud, bribery, corruption, theft, embezzlement, solicitation, etc.)?

YES NO 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 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 I understand that in order to maintain my CFE credential, I must maintain active membership and confirm my compliance with ACFE Bylaws each 12-month period, including the completion of at least 20 credit hours of approved CPE, of which 10 credit hours must be fraud-related and 2 credit hours must be ethics-related. CPE compliance is due by the end of my anniversary each membership year.

YES NO I understand that all applications for CFE recertification are subject to verification. I hereby authorize the Certification Committee to conduct any necessary investigation or inquiry into my character and reputation. In the event that my recertification is not approved, I understand that the application fee will be refunded to me. Further, if I am reaccepted as a CFE, I agree to abide by the CFE Code of Professional Ethics and Bylaws of the ACFE, and that any false information I provide in connection with this application constitutes grounds for summary revocation of my membership in the ACFE.

Signature _____ Date (MM/DD/YYYY) _____

The ACFE collects and stores your personal data in the U.S. to provide member services and fulfill transactions requested by you. For a full explanation of your rights regarding how we store and use your data see: ACFE.com/privacy-policy.aspx.

CFE ACTIVE MEMBERSHIP DUES

Enroll me in Automatic Dues Renewal and discount my membership (selection required):

- Option 1: Enroll in Auto Renew Dues (card billed automatically each year) \$225
- Option 2: Do not enroll in Automatic Dues (charge my card for this application only) \$245

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

Please invoice me, I understand that my membership will not be processed till payment has been made.

COMMUNICATION PREFERENCES

- Send me information on ACFE educational offerings, including CPE, events, training and products.
- Subscribe me to the free *FraudInfo* e-newsletter filled with fraud news, tips and resources.

You can withdraw permission at any time on your Communications Preferences page at ACFE.com.

CONTINUING PROFESSIONAL EDUCATION VERIFICATION FORM

Please fill out the table below with CPE details and attach corresponding supportings documents for Recertification.

If your CFE Membership has been expired for more than 3 consecutive years, you are required to provide documentation showing you have completed 40 hours of continuing education over the last 24 months. Return this form and your CPE records with the Recertification form to CPE@ACFE.com or by fax to (512) 276-8180. You will receive an update on your CPE status via email within 3-5 business days.

Name: _____

Email: _____

Member Number: _____

Audit Year: _____

Course Title/ description	Type of CPE	Sponsor Name	Field of study	Number of credits	Type of Supporting Document	Date of completion
Example: Fraud Detection	Self Study Credit	ACFE	Fraud	10.00	Other	1/31/22

TOTAL

The following CPE documentation is not acceptable; registration forms, paid invoices, course syllabi, or PowerPoint presentation slides. We will contact you in regards to any unapproved documentation. Credits may be earned after submission to satisfy the Recertification Requirements.