

CFE EXAM APPLICATION

SUBMIT YOUR COMPLETE APPLICATION TO:

[ACFE.com/CFEExamApplication](https://www.acfe.com/CFEExamApplication) or Exam@ACFE.com  +1 (512) 276-8180
 Global Headquarters | The Gregor Building | 716 West Ave | Austin, TX 78701-2727 | USA

QUESTIONS?

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



APPLICATION INSTRUCTIONS

Please read all instructions carefully before submitting your application.

- For faster processing, submit your application and supporting documents online at [ACFE.com/CFEexamapplication](https://www.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/Join](https://www.acfe.com/Join) 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/Myexam](https://www.acfe.com/Myexam)):
 - 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 signed.
 - 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.

ACFE Member #:

APPLICANT PERSONAL INFORMATION

Applicant First/Given Name (<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.)		Applicant Last Name/Surname	
Mailing Address		Mailing City	Mailing State/Province
Mailing Zip/Postal/Routing Code		Mailing Country	
Primary Phone		Email Address	
Employer		Official Job Title	
Billing Address		Billing City	Billing State/Province
Billing Zip/Postal/Routing Code		Billing Country	
Alternate Phone		Birthdate (MM/DD/YYYY)	

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.
- Subscribe me to the *CFE Exam Coach* e-newsletter.

You can withdraw permission at any time on your Communications Preference page at [ACFE.com](https://www.acfe.com).

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> .	\$350	
<input type="checkbox"/> I will be studying without the <i>CFE Exam Prep Course</i> . Send me a copy of the CFE Exam.	\$450	
Optional: <input type="checkbox"/> I would like to purchase a digital version of the <i>Fraud Examiners Manual</i> .	\$119 (Texas residents will incur sales tax of \$9.82)	
<input type="checkbox"/> Charge me (card charged in USD)	Subtotal	
	FEM Sales Tax (TX only)*	
	TOTAL FEES	

Card Number	Expiration (MM/YYYY)	V-Code
Cardholder Name (as shown on card — please print)		
Card Address	City	State/Province
Zip/Postal/Routing Code	Country	
Cardholder Signature		

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

APPLICANT QUALIFICATIONS

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

- All applicants 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 the detection or deterrence of 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. Visit ACFE.com/CFEQualifications to learn more about the fraud-related experience requirements.
- 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.
- All points claimed below must be substantiated by submitting supporting documents (i.e. details of fraud-related work experience, documentation of education and/or professional certifications) to ACFE.com/Myexam.

Qualifications	Points Multiplier	Points
Add 5 points for each full year of professional fraud-related experience. (Concurrent experience in more than one area cannot be claimed.)	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/CFEQualifications . _____ Certification _____ Certification	Number obtained: _____ x 10 pts. =	
TOTAL POINTS:		

- 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? 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.

CONSENT TO EXAM PROCTORING

The CFE Exam is an online-proctored examination. To sit for the exam, you must consent/agree to the following:

1. ACFE or its authorized proctor may access your webcam and computer screen during the exam.	<input type="checkbox"/> I agree
2. ACFE or its authorized proctor may record, store, review and audit: images of your ID card and photograph; video/audio recordings of you during the exam; your keystroke biometric data; and your exam answers.	<input type="checkbox"/> I agree
3. If you take the exam on a workplace or public computer, you certify that the use of the CFE Exam proctoring software on the computer will not violate any user restrictions, workplace codes of conduct, or other usage guidelines or restrictions.	<input type="checkbox"/> I agree

APPLICANT 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. I understand any and all information provided in this application is subject to verification. 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. An electronically affixed signature on this form carries the same level of enforceability and validity as a handwritten signature.

SIGN HERE

Applicant 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.

PROFESSIONAL WORK EXPERIENCE ADDENDUM

APPLICATION INSTRUCTIONS

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. To view the acceptable categories of fraud-related experience, visit [ACFE.com/CFE/qualifications](https://www.acfe.com/CFE/qualifications).
2. Your fraud-related experience will be reviewed and accepted based on the information provided. You will be notified by email if additional information or clarification is needed. Submit additional forms if necessary.

APPLICANT INFORMATION

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

Applicant Last Name/Surname

ACFE Member #

EXPERIENCE

Employer

Official Job Title

Hire Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

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

Employer

Official Job Title

Hire Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

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): _____	%

PROFESSIONAL RECOMMENDATION FORM

FORM INSTRUCTIONS

Applicant:

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

Recommender:

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

INFORMATION ABOUT APPLICANT

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

Applicant Last Name/Surname

ACFE Member #

City

Country

Employer

Official Job Title

INFORMATION ABOUT RECOMMENDER

How do you know the applicant?

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

Where have you worked with the applicant?

Please briefly describe your professional working relationship with the applicant:

Are you a Certified Fraud Examiner? Yes No

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

Recommender Last Name/Surname

Employer

Official Job Title

Business Address

Phone

Email Address

ADDITIONAL COMMENTS

STATEMENT OF CHARACTER REFERENCE

In my opinion the applicant named on this form exhibits the character, integrity and professional skills necessary to hold the Certified Fraud Examiner (CFE) credential. I hereby recommend this applicant 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. 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/YYYY)