## **CFE SUSPENSION REACTIVATION APPLICATION**

## Submit your complete Application to:

CPE@ACFE.com

Global Headquarters | The Gregor Building 716 West Avenue | Austin, TX 78701-2727 | USA

## Questions?

T: (800) 245-3321 | +1 (512) 478-9000 F: +1 (512) 478-9297 ACFE.com/Contact M–F, 7:30–6:00 CT



## **APPLICATION INSTRUCTIONS**

This form is for a Certified Fraud Examiner (CFE) whose certification has been suspended for CPE non-compliance. Please complete all sections to reactivate your CFE status. Any questions pertaining to reactivation 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. As a CFE, if you accumulate five or more years of CPE suspensions, your membership will be transferred to Associate status. Should you want to reinstate your CFE credential, you will be required to retake the CFE Exam and satisify all of the education, experience and testing qualifications necessary for certification.

PERSONAL INFORMATION		CERTIFICATION	
First Name Dr. Mr. Mrs. Ms.	Last Name/Surname	Indicate which	year(s) of CPE suspension you are resolving:
ACFE Member Number	Date of Birth (MM/DD/YYYY)		
Home Address			
City	State/Province	PLEASE ANS	WER ALL QUESTIONS
Zip/Postal/Routing Code	Country	□ YES □ NO	I hereby certify that for the above year(s) I completed a minimum of 20 credit hours of approved Continuing Professional Education (CPE), at least 10 credit hours of which related directly to the detection and deterrence of fraud and
Personal Phone	Personal Email Address		2 credit hours related to ethics.
EMPLOYMENT		□ 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"
Employer		<ul> <li>means an offense that calls into question the integrity or judgement of th offender, such as fraud, bribery, corruption, theft, embezzlement, solicitation etc.)?</li> </ul>	
Job Title		□YES □NO	Have you ever been subjected to any disciplinary actions, sanctions
Business Address			reprimands or any like action by a professional body of which you were or a member and that you have not previously reported to the ACFE?
City	State/Province	□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?
Zip/Postal/Routing Code	Country		
Business Phone	Business Email Address	□ YES □ NO	I understand that in order to maintain my CFE credential, I must confirm my compliance with ACFE Bylaws each 12-month period, including the completion
Preferred Mailing Address: U Home U Busi	ness Preferred Email Address:   Personal   Business		of at least 20 credit hours of CPE, of which 10 credit hours must be fraud- related and 2 credit hours must be ethics-related.
JOB AND INDUSTRY		□ YES □ NO	I agree to abide by the CFE Code of Professional Ethics and Bylaws of the ACFE,
Job Function (please select one)    Fraud Examiner   Fraud Investigator   Private Investigator   Special Agent   Internal Auditor   External Auditor   Forensic Accountant	Industry (select all that apply)  ☐ Agriculture, forestry, fishing and hunting ☐ Arts, entertainment and recreation (including casino/gaming) ☐ Banking and financial services ☐ Construction ☐ Education ☐ Energy (e.g., oil and gas, nuclear, etc.) ☐ Foodservice and hospitality (e.g., restaurant,		and that any false information I provide in connection with this application constitutes grounds for summary revocation of my membership in the Association of Certified Fraud Examiners. I understand that all applications for CFE reactivation are subject to verification. I hereby authorize the Certification Committee to conduct any necessary investigation or inquiry into my character and reputation.
☐ CPA, CA or equivalent ☐ Management Accountant	hotel, etc.)  Government, law enforcement and public	Signature	Date (MM/DD/YYYY)
<ul> <li>□ Controller</li> <li>□ Other Accounting/Finance</li> <li>□ Governance, Risk and Compliance</li> <li>□ Corporate Management</li> <li>□ Loss Prevention</li> <li>□ IT Professional</li> <li>□ Security Professional</li> </ul>	administration  Health care (including pharmaceuticals)  Information (e.g., publishing, media, telecommunications)  Insurance  Manufacturing (e.g., industrial, automotive, chemical, etc.)	The ACFE collects and stores your personal data in the United States 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.  COMMUNICATION PREFERENCES	
<ul><li>□ Attorney/Legal Professional</li><li>□ Educator</li></ul>	<ul><li>Mining</li><li>Nonprofit, not-for-profit or</li></ul>	<ul> <li>Send me information on ACFE educational offerings, including CPE, events, training and products.</li> <li>Subscribe me to <i>The Fraud Examiner</i> e-newsletter for fraud news, resources, training and more.</li> <li>Subscribe me to chapter communications.</li> <li>Yes, I would like to subscribe to receive text messages (SMS) from the ACFE. Carrier rates may apply</li> <li>You can withdraw permission at any time on your Communications Preferences page at ACFE.com.</li> </ul>	
Retired Other:	nongovernmental organizations  Retail		
- Other.	Real estate Services-professional, scientific, technical (e.g.,		
	□ Services-Indiessional, scientific, technical (e.g., medical, legal or accounting services) □ Services-other (administrative and support, waste management, remediation, etc.) □ Technology □ Transportation and warehousing □ Utilities □ Wholesale trade □ Other (please specify):		