

# 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

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

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.

A CFE expired for more than five consecutive years will have their membership transferred to Associate status. Should an individual in this scenario want to reinstate their credential, they will be required to take the CFE Exam. More information on recertification may be found online at [ACFE.com/Recertification](https://www.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](mailto: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
ACFE Member 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)

- ☐ 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, hotel, etc.)
- ☐ Government, law enforcement and public administration
- ☐ Health care (including pharmaceuticals)
- ☐ Information (e.g., publishing, media, telecommunications)
- ☐ Insurance
- ☐ Manufacturing (e.g., industrial, automotive, chemical, etc.)
- ☐ Mining
- ☐ Nonprofit, not-for-profit or nongovernmental organizations
- ☐ Retail
- ☐ Real estate
- ☐ Services-professional, 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):

## COMMUNICATION PREFERENCES

- ☐ Send me information on ACFE educational offerings, including CPE, events, training and products.
- ☐ Subscribe me to *The Fraud Examiner* e-newsletter for fraud news, resources, training and more.
- ☐ Subscribe me to chapter communications.
- ☐ Yes, I would like to subscribe to receive text messages (SMS) from the ACFE. Carrier rates may apply.

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

## 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](https://www.acfe.com/Privacy-Policy).

## CFE ACTIVE MEMBERSHIP DUES

Enroll in Automatic Dues Renewal and discount your membership (selection required). Once your recertification is approved, we will contact you with steps to renew your membership.

- ☐ Option 1: Enroll in Auto Renew Dues (card billed automatically each year) ..... \$232
- ☐ Option 2: Do not enroll in Automatic Dues (manually pay dues each year) ..... \$252



# CONTINUING PROFESSIONAL EDUCATION VERIFICATION FORM

Please fill out the table below with CPE details and attach corresponding supporting 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 professional education over the last 24 months. Return this form and your CPE records with the Recertification application to [CPE@ACFE.com](mailto:CPE@ACFE.com) or by fax to (512) 478-9297. You will receive an update on your CPE status via email within 3–5 business days.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member Number: \_\_\_\_\_

[illegible]**TOTAL**

The following CPE documentation is not acceptable: registration forms, paid invoices, course syllabi or PowerPoint presentation slides. We will contact you if any of the documentation provided is not approved.