CFE EXAM APPLICATION

Submit your complete Application to:

ACFE.com/MyExam or Exam@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, 7:30a.m.–6:00p.m. CT

ACFE
Association of Certified Fraud Examiners

APPLICATION INSTRUCTIONS

Please read all instructions carefully before submitting your application.

Your eligibility for the CFE credential is based on a qualifying point system that awards points for education, professional certifications and fraud-related work experience. To qualify to take the CFE Exam, you must have **40 or more points**. To earn the CFE credential after passing the exam, you must have at least **two years of fraud-related work experience and 50 points**. All qualifying points must be substantiated by supporting documents.

We strongly encourage all candidates to apply online through the Certification Portal at ACFE.com/MyExam for the fastest and most efficient processing.

1. **Membership Requirement:** You must be an active associate member to take the CFE Exam and earn the CFE credential. If you are not yet a member, please join online at ACFE.com/Join before submitting your CFE Exam Application.
2. **Processing Times:** Online applications are typically processed within 3–5 business days. PDF applications submitted by mail, email or fax require an additional 7–10 business days. Incomplete applications will not be processed.
3. **Supporting Documentation:**
   - ❑ **Professional Experience:** Details of your fraud-related job duties and percentage of time spent in specified categories.
   - ❑ **Education and Certifications:** Documentation of education or certifications claimed, including official transcripts and originals or photocopies of degree certificates, diplomas or certifications. All documentation must include an English translation along with the original document. Self-translations are acceptable, provided they accurately reflect the content of the original documents.
   - ❑ **Three Professional Recommendations:** Completed by individuals who have worked with you professionally and can comment on your character, integrity and professional skills. Recommendations are valid for three years or until a candidate's CFE Exam Application expires, whichever comes first.

APPLICANT PERSONAL INFORMATION

To view and update contact information in your ACFE account, please visit: www.ACFE.com/account-dashboard/contact-information.

ACFE Member #

Applicant First/Given Name ❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.

Applicant Last Name/Surname

Employer

Official Job Title

Email Address

Birthdate (MM/DD/YYYY)

LinkedIn Profile URL (Optional)

QUALIFICATIONS

You must have at least two years of fraud-related work experience. For experience to be considered fraud-related, the majority of the role's responsibilities must be related to the fraud examination body of knowledge. If you need help determining whether your experience would count toward this requirement, please review the ACFE's Fraud-Related Experience Evaluation Guide.

Qualifications	Points Multiplier	Points
How many years of professional fraud-related work experience do you have?	Number of years:_____ x 5 points	
If less than two years' experience: On what date will your experience equal two years?	_____ Date (MM/DD/YYYY)	
Bachelor's degree/equivalent or higher: Eligible for maximum education points.	Maximum of 40 points for a bachelor's degree/equivalent or higher	
If no degree was earned, how many years have been earned toward a degree? One academic year is equivalent to 24 completed credit/semester hours.	Years completed:_____ x 10 points (max 40 points)	
If you do not meet the minimum number of points required to take the exam with the above education and/or experience, you may add 10 points for each ACFE-approved Professional Certification (e.g., CPA, CIA, CMA) earned. For a list of approved certifications, visit ACFE.com/CFECertifications. _____ Certification _____Certification	Number obtained:_____ x 10 points	
	TOTAL POINTS	0

CHARACTER

1. 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*:

2. 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*:

3. 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.

ATTESTATION AND CONSENT

Maintaining the integrity of the CFE Exam protects the value of the credential and ensures that all who earn it have demonstrated the same level of professional expertise and high ethical standards. To ensure a fair and secure testing environment, the CFE Exam is a live-proctored examination. You are required to read and consent to the following terms and policies of the CFE credential program as part of your application.

CONSENT TO EXAM POLICIES

ACFE or its authorized proctor may access your web camera and computer screen during the exam.	❑ I agree
ACFE or its authorized proctor may record, store, review and audit: images of your photo identification and video/audio recordings of you and your testing space during the exam.	❑ I agree
ACFE or its authorized proctor may utilize biometric facial recognition software for identity verification purposes and to detect and prevent exam violations.	❑ I agree
Use of the CFE Exam remote proctoring software must comply with all applicable device or network usage guidelines and restrictions. You certify that using the software will not violate any user restrictions, workplace codes of conduct or other user guidelines or restrictions.	❑ I agree
The CFE Exam is confidential and proprietary; reproduction, distribution, sharing or posting of exam content in any form is strictly prohibited. You understand that any violation of exam policies can lead to invalidation of exam results, disqualification from the CFE credential program, credential revocation and/or potential legal action.	❑ I agree

CFE CREDENTIAL PROGRAM TERMS AND CONDITIONS

1. **Accurate Information**
   All information provided in this application and the accompanying documentation is true, complete and accurate to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership with the ACFE.

2. **Personal Completion of Application**
   I attest that I am the individual completing this application and that all information provided is my own. No one else has completed or submitted this application on my behalf. I understand that misrepresentation of my identity or involvement in the application process may result in disqualification from the CFE credential program.

3. **Compliance with Program Policies**
   I agree to comply with all policies, procedures and requirements associated with the CFE credential program. If this application is accepted, I agree to abide by the ACFE Bylaws, ACFE Code of Professional Ethics and CFE Code of Professional Standards. Qualifications are established by the Board of Regents, whose decisions are final. I understand that if the ACFE determines that I do not meet the minimum requirements to take the CFE Exam, my application will be canceled and I will be eligible for a refund of my application fee, less a $100 application processing fee.

4. **Membership, Application and Exam Result Validity**
   I understand that active membership is a requirement to take the CFE Exam and maintain the credential. My application and any passing results obtained will expire two years after the date of submission if I do not pass all required exam sections. If I do not complete the CFE credential program within this period, my application will be canceled and I will need to submit a new application, fee and supporting documentation to continue. Upon passing all required exams, my complete results will be valid for five years from the date of my last passed exam, allowing me up to five years to meet all certification requirements.

5. **Verification Authorization**
   I understand that any and all information provided in this application is subject to verification, including my employment, education and professional recommendations, and that my application may be selected for a random audit at any point prior to certification.

6. **Release of Exam Information**
   Details regarding my CFE Exam, including exam scores, results and any other exam information, will not be shared or released to a third party without my consent, unless required by a lawful court order or a request related to a legitimate government investigation. If my employer paid for my application fee, the ACFE will provide pass/fail information upon request, but this information will not contain my specific exam score.

APPLICANT SIGNATURE REQUIRED

By signing this application, I acknowledge and agree to all statements above. 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 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.

APPLICATION FEE

CFE Exam Application Fee	Price
Payment of the CFE Exam Application Fee is required prior to submitting your application and supporting documentation. To request an invoice or secure payment link, please contact our Member Services team.	**$480**

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

PROFESSIONAL WORK EXPERIENCE

INSTRUCTIONS

1. Complete this experience form for each organization where you have held fraud-related positions. Be as detailed as possible and describe how each position is related to the investigation, detection, prevention and/or deterrence of fraud.
2. Your 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.
3. Please submit your official job description for this role with your application if available.

APPLICANT INFORMATION

Applicant First/Given Name ❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.

Applicant Last Name/Surname

ACFE Member #

EXPERIENCE DETAILS

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 you perform(ed) while working in this position:

DISTRIBUTION OF DUTIES

Please allocate the percentage of work time that you typically spent/spend performing duties related to the categories below while in this role. Visit ACFE.com/CFEExperienceEvaluation to view sample fraud-related duties for each category. The Total Percent box must equal 100%; if a category does not apply, please list it as 0%. If a portion of your responsibilities falls outside of these categories, you may use the "Other" fields to specify additional fraud-related or non-fraud-related experience.

Accounting/Auditing:	%	**Fraud-Related Legal Services, Litigation Support and Consulting:**	%
Compliance and Ethics:	%	**Proactive Fraud Detection:**	%
Corporate Security and Loss Prevention:	%	**Teaching, Writing or Researching About Fraud-Related Topics:**	%
Fraud Investigation:	%	**Other (Fraud-Related):** _____	%
Fraud Prevention and Fraud Risk Management:	%	**Other (Non-Fraud-Related):** _____	%
		TOTAL PERCENT (Add percentages for all categories.)	0 %

PROFESSIONAL RECOMMENDATION FORM

INSTRUCTIONS

Please complete this recommendation form for each person recommending you for the CFE credential. All recommendations must be completed by someone who has worked with you in a professional capacity and is familiar with your professional conduct and work.

Applicant:

- ❑ **Three** completed forms required
- ❑ Submit completed forms with CFE Exam Application
- ❑ Forms expire three years after the date written or when the application expires (whichever comes first).

Recommender:

- ❑ Must have worked with the applicant professionally
- ❑ Must complete form in English or translate it to English
- ❑ Complete the form and return it to the applicant.

APPLICANT INFORMATION

Applicant First/Given Name ❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.

Applicant Last Name/Surname

ACFE Member #

Email Address

Employer

Official Job Title

RECOMMENDER INFORMATION

Recommender First/Given Name

Recommender Last Name/Surname

Employer

Official Job Title

Business Address

Phone Number

Email Address

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

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)