

# CFE EXAM APPLICATION

Submit your complete Application to:

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

Questions?

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



## APPLICATION INSTRUCTIONS

Please read all instructions carefully before submitting your application

ACFE Member #

- 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.

## 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. <b>Optional:</b> To purchase a digital version of the <i>Fraud Examiners Manual</i> visit <a href="https://www.acfe.com/FEM">ACFE.com/FEM</a> .	\$450	
<input type="checkbox"/> Charge my (Check one. Card charged in U.S.\$): <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other	<b>TOTAL FEES</b>	

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 #: \_\_\_\_\_

**APPLICATION 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](https://www.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](https://www.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 points =	
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 points): _____ x 10 points	
Add 5 points for each Master's Degree earned.	Number obtained: _____ x 5 points =	
Add 10 points for each Ph.D., J.D. or equivalent degree earned..	Number obtained: _____ x 10 points =	
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 <a href="https://www.acfe.com/CFEQualifications">ACFE.com/CFEQualifications</a> . _____ Certification _____ Certification	Number obtained: _____ x 10 points =	
<b>TOTAL POINTS</b>		

- 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 a 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; and video/audio recordings of you and your test space during the exam.	<input type="checkbox"/> I agree
3. ACFE or its authorized proctor may utilize biometric facial recognition software for identity verification purposes and to detect and prevent exam violations.	<input type="checkbox"/> I agree
4. 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,	<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 that 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 initial application date. 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)

# 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/CFEQualifications](https://www.cfepublic.org/CFEQualifications).
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)

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 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

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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:

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**

Applicant Signature

Date (MM/DD/YYYY)