

PROFESSIONAL RECOMMENDATION FORM

FORM INSTRUCTIONS

ACFE Member #:

Candidate:

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

Recommender:

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

INFORMATION ABOUT CANDIDATE

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

Last Name/Surname

ACFE Member #

City

Country

Employer

Official Job Title

INFORMATION ABOUT RECOMMENDER

How do you know the candidate?

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

Where have you worked with the candidate?

Please briefly describe your professional working relationship with the candidate:

Are you a Certified Fraud Examiner? Yes No

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

Last Name/Surname

Employer

Official Job Title

Business Address

Phone

Email Address

ADDITIONAL COMMENTS

STATEMENT OF CHARACTER REFERENCE

In my opinion the candidate named on this form exhibits the character, integrity and professional skills necessary to hold the Certified Fraud Examiner (CFE) credential.

I hereby recommend this candidate 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. I consent to the storage of my personal information in the ACFE's offices. 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/yy)