

# CFE EXAM REVIEW COURSE APPLICATION

## SUBMIT YOUR COMPLETE APPLICATION TO:

[ACFE.com/CFEExamApplication](https://www.acfe.com/CFEExamApplication) or [Exam@ACFE.com](mailto:Exam@ACFE.com)  +1 (512) 276-8180  
 Global Headquarters | The Gregor Building | 716 West Ave | Austin, TX 78701-2727 | USA

## QUESTIONS?

(800) 245-3321 / +1 (512) 478-9000  Live Chat at [ACFE.com](https://www.acfe.com) M-F, 7:30-6 CT



## APPLICATION INSTRUCTIONS

### Please read all instructions carefully.

- For faster processing, application and supporting documentation can be submitted online at [ACFE.com/CFEExamApplication](https://www.acfe.com/CFEExamApplication).
- Applications submitted in person, via mail, email or fax require an additional 7-10 business days for processing.
- Membership is a requirement to sit for the CFE Exam. If you are not already an Associate member, you must first join the ACFE to pursue the CFE credential.
- Your CFE Exam Application will be valid for two years. After two years, your application will be canceled and a new application, fee and supporting documentation must be submitted.
- Applications must be submitted to the Review Course Department no later than two weeks prior to the start of the course.
- Submit a completed application and the following supporting documentation:
  - Three professional recommendation forms completed by individuals who have worked with you professionally and can comment on your character, integrity, and professional skills. The professional recommendation forms are valid for three years from the date written.
  - Documentation of education claimed in the qualifying points tally. Accepted documentation includes official transcripts, photocopies of degree certificates or diplomas (must be translated to English). Advisory transcripts or schedules are not accepted.
  - A current photograph.
- Once your application has been processed, you will be required to visit the Certification Portal at [ACFE.com/CertificationPortal](https://www.acfe.com/CertificationPortal) to provide details on your work experience, including your responsibilities and percentage of time spent in each area.
- Your *CFE Exam Review Course* registration includes the exam application fee. The on-site exam is for *CFE Exam Review Course* attendees only and will be administered in written form.
- Upon passing the exam, your complete application and supporting documentation will be reviewed by the Certification Committee before a final decision on certification is made.

ACFE Member #:

## APPLICANT INFORMATION

First/Given Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name/Surname		
Home Address			
City	State/Province	Country	Zip/Postal/Routing Code
Personal Phone	Personal Email Address		
Employer	Official Job Title		
Business Address			
City	State/Province	Country	Zip/Postal/Routing Code
Business Phone	Business Email Address		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Preferred Email Address (required): <input type="checkbox"/> Personal <input type="checkbox"/> Business		

## EDUCATION AND EXPERIENCE

**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 candidates 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 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.
- 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/Certification Portal](https://www.acfe.com/CertificationPortal).

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Qualifications	Points Multiplier	Points
Add 5 points for each full year of professional fraud-related experience*.	Number of years: _____ x 5 pts. =	
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 pts.): _____ x 10 pts. =	
Add 5 points for each Master's Degree earned.	Number obtained: _____ x 5 pts. =	
Add 10 points for each Ph.D., J.D. or equivalent degree earned.	Number obtained: _____ x 10 pts. =	
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="http://ACFE.com/professional-certifications">ACFE.com/professional-certifications</a> . _____ Certification _____ Certification	Number obtained: _____ x 10 pts. =	
<b>TOTAL POINTS:</b>		

\*Concurrent experience in more than one area cannot be claimed.

- 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\*:  

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- 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\*:  

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- Have you ever had a professional license or other authority to practice revoked or suspended?  Yes  No If yes, please describe\*:  

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\*Attach additional pages if necessary.

## 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. 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 date of submission. 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**

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.aspx](http://ACFE.com/privacy-policy.aspx).

## 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](http://ACFE.com).

# 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.acfe.com/CFEQualifications).
2. Your fraud-related 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. Submit additional forms if necessary.

## CANDIDATE INFORMATION

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

Last Name/Surname

## EXPERIENCE

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 in this position (attach additional pages if necessary):

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Please outline the specific percentage (%) of time spent in each of the following categories:

Auditing:	%	Fraud-Related Internal 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

Hire Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

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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

### 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. 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)