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MEMBERSHIP

Requirements For Obtaining The AES Designation

To apply for and be eligible to hold the Automated Examination Specialist designation, an examiner must fulfill the following requirements:

- Achievement of, at least, the status of Accredited Financial Examiner (AFE) with the Society of Financial Examiners, or;
Completion, with a passing grade, of AFE1 and AFE2.
- Completion, with a passing grade, of the CISA exam offered by the Information Systems Audit & Control Association (ISACA), the international organization for IT professionals. The CISA examination is given twice a year, in June and December. There are study textbooks that can be ordered through ISACA. Visit www.isaca.org for further details.
- Two years full-time experience equivalent as an information systems auditor participating in the examination process, which two years may be cumulative; the two year experience requirement to be certified by the applicants chief examiner in the state of employment.
- Completion, with a passing grade, of the Systems Proficiency Exam administered by the NAIC. This exam tests knowledge of the usage of ACL and general knowledge of the NAICS Information Systems Questionnaire. Interested parties should contact Natalie Droge at ndroge@naic.org
- Be an insurance department employee, or self-employed with a contract for services directly with an insurance department, or be employed with a company that has a contract with a state insurance department; and
- Be approved by the Admissions Committee of the Society of Financial Examiners as meeting all the requirements to be eligible to hold the designation, including payment of application fees.

To apply for the AES designation, click below:

[Application for the AES Designation.](#)



SOCIETY OF FINANCIAL EXAMINERS

Application for the AES® Designation

Print below your name as you wish it to appear on your certificate:

I. Name _____
Home Address _____
City/State/Zip _____
Home Phone Number _____
Personal E-Mail Address _____
Date Application Completed _____

- II. I am an AFE or CFE in good standing
or
 I have passed both of the following AFE courses offered by the Society.
- AFE1 Life and Health Insurance Fundamentals
 - AFE2 Property and Liability Insurance Fundamentals
- I have provided proof of completion, with a passing grade, of the CISA examination
AND
 Proof of completion, with a passing grade, of the NAIC System Proficiency Exam

III. Employment History:

(List former employment information for the past five+ years to verify continuous insurance department experience)

| Mo/Day/Yr. | Employer Name | Address | Phone # | Position |
|------------|---------------|---------|---------|----------|
|------------|---------------|---------|---------|----------|

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Current Employer:

Date of Employment: Month _____ Day _____ Year _____

Agency/Contract Firm _____

Address _____

City/State/Zip _____

Work Phone Number _____

Work E-Mail Address _____

Title/Positions _____



SOCIETY OF FINANCIAL EXAMINERS[®]

Application for the AES[®] Designation

Description of Duties: Please show dates of employment, noting changes of work assignments.

Experience Support Detail

Distribution of Duties

Involvement on the Exam

IT

Financial

| From | To | Company | % | Months | % | Months |
|-------|----|---------|---|--------|---|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | - | | - |

Required Equivalent of 24 months of IT Experience

IV. Supervisor's Verification: To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, Director of Financial Institutions, Assistant Chief Examiner or Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current and continuous employment, please provide the necessary documents.

I, (supervisor) _____, have reviewed the preceding portion of the application of (applicant's name) _____.

The answers therein are true to the best of my knowledge and belief.

(date) (title) (signature)

(agency) (address) (city, state, zip code)

V. Professional References:

| Name | Title | Address | Phone # |
|----------|-------|---------|---------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |



SOCIETY OF FINANCIAL EXAMINERS®

Application for the AES® Designation

- VI Information required to mail letters of congratulations upon earning the AES Designation. SOFE will send a congratulatory letter and a certificate to your Chief Examiner or immediate supervisor. Please provide us with the name and complete mailing address of this individual:

Name/Designations _____

Agency/Contract Firm _____

Street Address _____

City, State, Zip _____

Also for purposes of the letter, please advise us of your gender:

Male Female (We need this information, because the letter uses the terms his and her.)

OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the Society of Financial Examiners Code of Ethical Conduct <http://www.sofe.org/about/standards.cfm> and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for this designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society relating to this designation. I understand that I must comply with the Society's Continuing Regulatory Education (CRE) program to achieve the necessary credit hours in order to maintain this designation. I comply and agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving any criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society. If the Society finds I have caused or assisted in causing the compromise of any designation, I understand and agree that I may be held liable to the Society for any monetary losses the Society may incur as a result of the compromise.

Name (please print)

Date

Signature