

Application for CISA Certification





Requirements to Become a Certified Information Systems Auditor

To become a Certified Information Systems Auditor (CISA), an applicant must:

- 1. Score a passing grade on the CISA exam. A passing score on the CISA exam, without completing the required work experience as outlined below, will only be valid for five years. If the applicant does not apply or meet the CISA certification requirements within the five year period, the passing score will be voided.
 - **Important Note:** Your completed CISA application for certification must be submitted within 5 years from the date of initially passing the examination. Retaking and re-passing the examination will be required if the (completed) application for certification is not submitted within five years from the passing date of the examination.
- 2. Submit payment for the CISA application processing fee of US \$50 online at www.isaca.org/cisapay.
- 3. Submit verified evidence of *five years work experience in the fields of Information Systems Auditing, Control, Assurance or Security.* Work experience must be gained within the ten year period preceding the application date for certification or within five years from the date of initially passing the exam.

Substitutions and waivers of such experience, to a maximum of 3 years, may be obtained as follows:

- A maximum of one year of information systems OR one year of non-IS auditing experience can be substituted for one year of information systems auditing, control, assurance or security experience;
- 60 to 120 completed university semester credit hours (the equivalent of a two-year or four-year degree), not limited by the ten year preceding restriction, can be substituted for one or two years, respectively, of information systems auditing, control or security experience. Even if multiple degrees have been earned, a maximum of 2 years can be claimed.
- A bachelor's or master's degree from a university that enforces the ISACA sponsored Model Curricula can be substituted for one year of information systems auditing, control, assurance or security experience. To view a list of these schools, please visit www.isaca.org/modeluniversities. This option cannot be used if three years of experience substitution and educational waiver have already been claimed; and
- A master's degree in information security or information technology from an accredited university can be substituted for one year of experience.
- Two year waiver for CIMA (Chartered Institute of Management Accountants) full certification. No waiver is provided for the CIMA Certificate in Business Accounting or the CIMA Advanced Diploma in Management Accounting, both earned en route to becoming fully qualified. (The CIMA full certification waiver is in lieu of the 2-year CISA waiver for a bachelor's degree. Those individuals who have a 2-year CISA waiver for their bachelor's degree cannot also claim the CIMA waiver.) Must provide a copy of CIMA certification as verification.
- Two year waiver for ACCA member status from the Association of Chartered Certified Accountants. Must provide copy of ACCA certification as verification. (Those individuals who have a 2-year CISA waiver for their bachelor's degree cannot also claim the ACCA waiver.)

Exception: Two years as a full-time university instructor in a related field (e.g.; computer science, accounting, information systems auditing) can be substituted for every one year of information systems auditing, control or security experience.

As an example, at a minimum (assuming a two-year waiver of experience by substituting 120 university credits) an applicant must have three years of actual work experience. This experience can be completed by:

three years information systems audit, control, assurance, or security experience;

OR

- two years information systems audit, control, assurance, or security experience and one full year non-IS audit or information systems experience or two years as a full-time university instructor.
- 4. Agree to abide by the ISACA Code of Professional Ethics.
- 5. Agree to abide with Information Systems Standards as adopted by ISACA, which can be viewed at www.isaca.org/standards.
- 6. Agree to abide by the CISA Continuing Professional Education Policy, which can be viewed at www.isaca.org/cisacpepolicy.

ISACA Code of Professional Ethics

ISACA sets forth this Code of Professional Ethics to guide the professional and personal conduct of members of the association and/or its certification holders.

Failure to comply with this Code of Professional Ethics can result in an investigation into a member's and/or certification holder's conduct and, ultimately, in disciplinary measures. The ISACA Code of Professional Ethics can be viewed online at www.isaca.org/ethics.





Instructions for Completing and Submitting Your Application and Documentation

Carefully follow the instructions to complete your application. Be sure to complete all appropriate sections and sign your application. Incomplete or unsigned applications will not be accepted.

Instructions for Completion of the Application for CISA Certification Form

- 1. Application Page A-1. Complete with your details on page A-1. Read and review acknowledgement. Print and sign your name and enter date on form at bottom of page.
- 2. Submit payment for the CISA application processing fee of US \$50 online at www.isaca.org/cisapay.
- 3. Application Page A-2

SECTION A - INFORMATION SYSTEMS AUDIT, CONTROL, ASSURANCE OR SECURITY EXPERIENCE —

For each employer/company (starting with the most current), enter the:

- Name of Employer/Company. Enter your employer/company name.
- **Dates of Employment.** Date range (month and year) of employment in IS auditing, control, assurance or security. Do not leave dates blank. If currently employed, include a date or current, now, present, etc.
- **Duration of Experience.** Enter number of years and months, by employer and in total, performing IS auditing, control, assurance or security service.

Work experience must be gained within the ten year period preceding the application date for certification or within 5 years from the date of initially passing the exam. Work experience greater than 10 years cannot be claimed on your application.

SECTION B – EXPERIENCE SUBSTITUTION — **Non-IS audit/information systems:** If substituting other audit experience (such as financial or operational auditing) or other types of information systems work experience (such as application programming or operations), there is a maximum limit of one FULL year for the audit or information systems work experience. Partial years do not apply. **University Instructor:** If substituting full-time university instructor experience in a related field (e.g.; information systems, accounting, information systems auditing) you must have two FULL years experience for each year of experience substitution. There is no limit on the number of year's experience substitution that may be claimed as a university instructor.

No credit will be given for a partial year's experience.

SECTION C – EDUCATIONAL EXPERIENCE WAIVER — Indicate an educational experience waiver by checking the appropriate box. To confirm your degree status, include a copy of your transcript, degree, or letter from your college or university with your application or your verifier can verify this for you. If your verifier has knowledge of your Bachelor's degree and is willing to verify this for you, he may do so by answering the corresponding question on the verification form.

For those claiming a CIMA or ACCA waiver, a copy of the certification is required for verification, those claiming 3 years for the Master's degree, a copy of the degree or transctipt is required.

Note that with the exception of University Professor, between experience and educational substitutions no more than 3 years may be claimed as waivers/substitutions.

SECTION D – SUMMARY OF EXPERIENCE REQUIREMENTS — Record the totals from sections A-C above. The line titled "Total Work Experience" should be the total number of years spent working in an information systems auditing, control, assurance or security function, plus any experience substitution and waivers. A minimum of five years is required to qualify for CISA Certification.

No more than three years of experience substitution or educational waivers can be used towards your five year experience requirement, with the exception of those claiming the experience substitution of a university instructor.

- 4. Application Pages V-1 & V-2. Complete the top portion on the Verification of Work Experience forms (pages V-1 and V-2) and check the boxes on page V-2 of the verification form that indicate the tasks you performed that are being verified by each verifier. Give the form to each person(s) verifying your work experience; and a copy of your completed application. This person should be your immediate supervisor or a person of higher rank within the organization. The individual verifying the work experience must be an independent verifier and not of any relation to the applicant nor can the applicant verify his/her own work. If one person cannot verify all required experience for you to become a CISA, previous employers must be asked to complete this form. If you currently or once worked as an independent consultant, you can use a knowledgeable client or an individual certified as a CISA or CISM to perform this role. Please note that if year length of employment with your most recent company is less than three months, verification of work experience is required from previous employers. Two copies of the form are included. If additional copies are required, photocopy the forms. All Verification of Work Experience forms pages V-1 and V-2 must be signed by your verifier and submitted along with your application. To reduce processing time, please send the completed verification forms with your application.
- 5. In order for your application to be efficiently processed, please collect all supporting documentation (verification of work experience form(s) and any applicable university degree, transcript or letter) and submit your completed Application for CISA Certification via fax, email or mail to:

Certification Coordinator ISACA

3701 Algonquin Road, Suite 1010, Rolling Meadows, IL 60008-3124 USA E-mail: certification@isaca.org • Telephone Number: +1.847.660.5660

Fax Number: +1.847.253.1443

NOTE: Please allow approximately eight weeks for the processing of your completed Application for CISA Certification. Upon approval, you will receive a certificate package via mail containing a letter of certification and your CISA certificate.



Application for CISA Certification Page A-1

Name:First N	fiddle Initial	Last/Family	Exam ID
Maiden Name or Former Name(s)			
Preferred Mailing Address: Home ()	Business ()		
Home Address:			
City:	State/Count	try:	Zip/Postal Code:
Home Telephone ()		Email	
Present Employer:			
Your Job Title:			
Business Name:			
Business Address:			
City:	State/Count	try:	Zip/Postal Code:
Business Telephone ()		Fax ()	
E-mail			
mmediate Supervisor:	Name		Title
hereby apply to Information Systems Audit and Control the Certified Information Systems Auditor (CISA) with and subject to the procedures and policies of IS to the conditions set forth in the Application for Cert Professional Education (CPE) Policy in effect at the covering the Certification process and CPE policy. Intendig the eligibility requirements; to permit ISA	rol Association, Inc. (ISACA) certification in accordance ACA. I have read and agree iffication and the Continuing time of my application, agree: to provide proof of	contact information will be use By signing below, I authorize provided and that the inform authorize ISACA to release con information if required by law	e ISACA to disclose my Certification status. This ed to fulfill my Certification inquiries and requests. ISACA to contact me at the address and numbers nation I provided is my own and is accurate. Infidential Certification application and certification or as described in ISACA's Privacy Policy. To learn information you have provided on this form, please

or further verification of all information submitted pursuant to the Application, including but not limited to directly contacting any verifying professional to confirm the information submitted; to comply with the requirements to attain and maintain the certification, including eligibility requirements carrying out the tasks of a CISA, compliance with ISACA's Code of Ethics, standards, and policies and the fulfillment of renewal requirements; to notify the ISACA certification department promptly if I am unable to comply with the certification requirements; to carry out the tasks of a CISA; to make claims regarding certification only with respect to the scope for which certification has been granted; and not use the CISA certificate or logos or marks in a misleading manner or contrary to ISACA guidelines. I understand and agree that my Certification application will be denied and any credential granted me by ISACA will be revoked and forfeited in the event that any of the statements or answers provided by me in this application are false or in the event that I violate any of the examination rules or certification requirements. I understand that all certificates are owned by ISACA and if my certificate is granted and then revoked, I will destroy the certificate, discontinue its use and retract all claims of my entitlement to the Certification. I authorize ISACA to make any and all inquiries and investigations it deems necessary to verify my credentials and my professional standing. I acknowledge that if I am granted the Certification, my certification status will become public, and may be disclosed by ISACA to third parties who inquire. If my application is not approved, I understand that I am able to appeal the decision by contacting certification@isaca.org. Appeals undertaken by a Certification exam taker, Certification applicant or by a certified individual are undertaken at the discretion and cost of the examinee or applicant.

read our Privacy Policy, available at www.isaca.org/privacy.

I hereby agree to hold ISACA, its officers, directors, examiners, employees, agents and those of its supporting organizations harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application; the application process; the failure to issue me any certificate; or any demand for forfeiture or redelivery of such certificate. Not withstanding the above, I understand and agree that any action arising out of, or pertaining to this application must be brought in the Circuit Court of Cook County, Illinois, USA, and shall be governed by the laws of the State of Illinois, USA.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH ISACA AND THAT THE DECISION OF ISACA IS FINAL.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Name			
Signature			
3			
Date			





Work Experience Detail

Exam ID			Name			
A. INFORMATION SYSTEMS AND A candidate must have a minimum actual hours, with the exception for year period preceding the application currently employed, include a date of	of two years of IS full time instructor n date for certifica	s audit, control, a rs (see B. Exper ation or within 5	assurance or securience Substitution	rity experienc below). Wor	e. Two years of k experience m	experience is considered 4,000 cust be gained within the ten
	in I	Dates of Employn			Duration	of Experience
Employer Name		-	MM/YY		Years	Months
		То				
		То				
		То				
		То				
Total number of years IS auditing, control,	assurance or security ex	xperience (round dov	wn to whole year)			
Company Name Non-IS audit/information sytems:	Dates of MM/YY	Employment MM/YY	Typ	pe of Experience		Number of Years of Substitution
		То	Non-IS Audit	-		
	1	То	Information S	ystems		
Jniversity Name**:	•		'	-	<u>'</u>	
		То	University In:	structor*		
Check the appropriate box. To college or university.	confirm your degr	ree status, includ	le with your appli	cation a copy	of your degree,	transcript or letter from your
University Nar	ne	Educati	onal Degree Awa	ırded	Educ	ational Field of Study
					ļ	
ducational Experience Waiver (Cl	neck one which ap	plies to the waiv	ver you are claimi	ng.) *Copy o	f degree require	d.
☐ One year substitution wair	ver for a 2-Year ur	niversity degree	or equivalent 60 s	semester cred	it hours.	
☐ Two years substitution wa	Two years substitution waiver for a Bachelor's, Master's, Ph.D. or equivalent 120 semester credit hours.					
☐ Three years substitution w	Three years substitution waiver for a Bachelor's degree PLUS Master's in Information Security or Information Technology.*					
☐ Three years substitution w Curricula.*	vaiver for a Bachel	or's or Master's	degree from a ur	niversity that of	enforces the ISA	ACA sponsored Model
OTHER WAIVERS (Must su	bmit certificate as	proof for waive	er.)			
☐ Two year educational wai						
☐ Two year educational wai	ver for ACCA men	mber status from	n the Association	of Chartered	Certified Accou	ntants
SUMMARY OF EXPERIENCE	REQUIREMENTS	S				
1. Total number of years of enter the total from Section						
2. If applying for an experier in the box and complete S						
3. If applying for an education	If applying for an educational experience waiver, enter 1, 2 or 3 in the box as appropriate and complete Section C above					
TOTAL WORK EXPERIE				exceed 3 year	ars)	





Verific	cation of Work Experience	e (page 1 of 2)			
Exam I	D				
I,		, am applying for certifica	ation through ISAC	A as a	
	(Printed Name)				
employ nor can	er(s). The individual verifying the	My work experience must be independently ver e work experience must be an independent veri- work. If I currently or once worked as an indep A or CISM to perform this role.	fier and not of any	relation to	the applicant
I would	appreciate your cooperation in co	ompleting this form, by verifying my IS auditir	ng, control, assuran	ce or secu	rity work
experie	nce as noted on my application fo	orm attached and as described by CISA job practice.	ctice area and task	statements	3
(see pag	ge V-2). Please return the complete	te form to me for my submission to ISACA. If	you have any ques	tions conc	erning this form,
please o	lirect them to certification@isaca	org. or +1.847.660.5660.			
		Thank you			
		Applicant's Signature			Date
Emplo	yer's Verification				
Please a	answer all five questions and sign	and date the form.			
Verifie	's Name:				
	3:				
1144105	·	STREET			
	CITY	STATE/PROVINCE/COUNTRY		POSTAL CODE	 E
Compa	ny Telephone Number:	Company	E-mail:		
	esting to/verifying the employme ification.	nt experience listed on page A-2. Enter emplo	yer/company name	(s). List al	ll that apply to
1.	Have you functioned in a superv qualified to verify the experience	visory position to the applicant or am otherwise as listed on page A-2?	e 🗆 Yes	□ No	
	If no, please explain what qualif	fies you to verify this information?			
2.	Is the categorization and duratio experience, for your organizatio for certification form, correct to	n, as listed on the application	□ Yes	□ No	
3.	Are you qualified and willing to experience prior to his/her affilia	verify the applicant's work ation with your company/organization?	□ Yes	□ No	□ N/A
4.	Are you qualified and willing to experience waiver(s) claimed?	verify the applicant's educational	☐ Yes	□ No	□ N/A
5.	Is there any reason you believe certified as an information syste		□ Yes	□ No	
	Verifier's Signature			Date	



Application for CISA Certification Page V-2

Verifier's Signature Date





	cation of work experience (page 1 of 2)			
Exam I	D			
T	, am applying for certificatio	on through ISAC	Λ 25 2	
1,	(Printed Name)	in unough isaci	ras a	
employ nor can	ed Information Systems Auditor. My work experience must be independently verificater(s). The individual verifying the work experience must be an independent verification the applicant verify his/her own work. If I currently or once worked as an independent ran individual certified as a CISA or CISM to perform this role.	r and not of any	relation to	the applicant
experie (see pag	I appreciate your cooperation in completing this form, by verifying my IS auditing, nce as noted on my application form attached and as described by CISA job practic ge V-2). Please return the complete form to me for my submission to ISACA. If yo direct them to <i>certification@isaca.org</i> . or +1.847.660.5660.	ce area and task	statements	3
	Thank you			
	Applicant's Signature			Date
Emple	over's Verification			
-	oyer's Verification			
	answer all five questions and sign and date the form.			
	r's Name:			
-	ny Name:			
	le:			
Addres	S:STREET			
	CITY STATE/PROVINCE/COUNTRY		POSTAL CODI	P
Compa	ny Telephone Number: Company E-			
I am att	testing to/verifying the employment experience listed on page A-2. Enter employer tion.			
1.		□ Yes	□ No	
	If no, please explain what qualifies you to verify this information?			
2.	Is the categorization and duration of the applicant's work experience, for your organization, as listed on the application for certification form, correct to the best of your knowledge?	□ Yes	□ No	
3.	Are you qualified and willing to verify the applicant's work experience prior to his/her affiliation with your company/organization?	☐ Yes	□ No	□ N/A
4.	Are you qualified and willing to verify the applicant's educational experience waiver(s) claimed?	☐ Yes	□ No	□ N/A
5.	Is there any reason you believe this applicant should not be certified as an information systems auditor?	□ Yes	□ No	
	Verifier's Signature		Date	



Application for CISA Certification Page V-2

Verification of Work Experience (page 2 of 2)	
Exam ID	
Applicant Name:	Verifier Name:
Applicant required to indicate with an (x) in each box the task they performed to be con	nfirmed by the verifier.
Description of CISA Job Practice Areas 1: The Process of Auditing Information Systems	 □ Evaluate controls for information systems during the requirements, acquisition, development and testing phases for compliance with the organization's policies, standards, procedures and applicable external requirements. □ Evaluate the readiness of information systems for implementation and migration into
Provide audit services in accordance with IT audit standards to assist the organization with protecting and controlling information systems. Tasks Develop and implement a risk-based IT audit strategy in compliance with IT audit standards to ensure that key areas are included.	production to determine whether project deliverables, controls and the organization's requirements are met. Conduct postimplementation reviews of systems to determine whether project deliverables, controls and the organization's requirements are met.
 ☐ Plan specific audits to determine whether information systems are protected, controlled and provide value to the organization. ☐ Conduct audits in accordance with IT audit standards to achieve planned audit objectives. ☐ Report audit findings and make recommendations to key stakeholders to 	4: Information Systems Operations, Maintenance and Support Provide assurance that the processes for information systems operations, maintenance and support meet the organization's strategies and objectives. Tasks
communicate results and effect change when necessary. Conduct follow-ups or prepare status reports to ensure that appropriate actions have been taken by management in a timely manner.	 Conduct periodic reviews of information systems to determine whether they continue to meet the organization's objectives. Evaluate service level management practices to determine whether the level of service from internal and external service providers is defined and managed.
2: Governance and Management of IT Provide assurance that the necessary leadership and organizational structures and processes are in place to achieve objectives and to support the organization's strategy.	 Evaluate third-party management practices to determine whether the levels of controls expected by the organization are being adhered to by the provider. Evaluate operations and end-user procedures to determine whether scheduled and
Tasks □ Evaluate the effectiveness of the IT governance structure to determine whether IT decisions, directions and performance support the organization's strategies and objectives. □ Evaluate IT organizational structure and human resources (personnel) management to determine whether they support the organization's strategies and objectives. □ Evaluate the IT strategy, including the IT direction, and the processes for the strategy's development, approval, implementation and maintenance for alignment with the organization's IT policies, standards, and procedures, and the processes for their development, approval, implementation, maintenance, and monitoring, to determine whether they support the IT strategy and comply with regulatory and legal requirements. □ Evaluate the adequacy of the quality management system to determine whether it supports the organization's strategies and objectives in a cost-effective manner. □ Evaluate IT management and monitoring of controls (e.g., continuous monitoring, quality assurance [QA]) for compliance with the organization's policies, standards and procedures. □ Evaluate IT resource investment, use and allocation practices, including prioritization criteria, for alignment with the organization's strategies and objectives. □ Evaluate IT contracting strategies and policies, and contract management practices to determine whether they support the organization's strategies and objectives. □ Evaluate risk management practices to determine whether the board and executive management practices to determine whether the board and executive management receive sufficient and timely information about IT performance. □ Evaluate the organization's business continuity plan to determine the organization's ability to continue essential business operations during the period of an IT disruption.	nonscheduled processes are managed to completion. Evaluate the process of information systems maintenance to determine whether they are controlled effectively and continue to support the organization's objectives. Evaluate data administration practices to determine the integrity and optimization of databases. Evaluate the use of capacity and performance monitoring tools and techniques to determine whether IT services meet the organization's objectives. Evaluate problem and incident management practices to determine whether incidents, problems or errors are recorded, analyzed and resolved in a timely manner. Evaluate change, configuration and release management practices to determine whether scheduled and nonscheduled changes made to the organization's production environment are adequately controlled and documented. Evaluate the adequacy of backup and restore provisions to determine the availability of information required to resume processing. Evaluate the organization's disaster recovery plan to determine whether it enables the recovery of IT processing capabilities in the event of a disaster. 5: Protection of Information Assets Provide assurance that the organization's security policies, standards, procedures and controls ensure the confidentiality, integrity and availability of information assets. Tasks Evaluate the design, implementation and monitoring of system and logical security controls to verify the confidentiality, integrity and availability of information. Evaluate the design, implementation and monitoring of the data classification processes and applicable external requirements. Evaluate the design, implementation and monitoring of physical access and environmental controls to determine whether information assets are
Provide assurance that the practices for the acquisition, development, testing, and implementation of information systems meet the organization's strategies and objectives. Tasks Evaluate the business case for proposed investments in information systems acquisition, development, maintenance and subsequent retirement to determine whether it meets business objectives. Evaluate the project management practices and controls to determine whether business requirements are achieved in a cost-effective manner while managing risks to the organization. Conduct reviews to determine whether a project is progressing in accordance with project plans, is adequately supported by documentation and status reporting is accurate.	adequately safeguarded. Evaluate the processes and procedures used to store, retrieve, transport and dispose of information assets (e.g., backup media, offsite storage, hard copy/print data and softcopy media) to determine whether information assets are adequately safeguarded.

Verifier's Signature Date



Telephone: +1.847.253.1545

Fax: +1.847.253.1443

E-mail: certification@isaca.org

Web site: www.isaca.org

DOC: CISA Application for Certification Version: V5 Update: 2015-0529