CGEIT Non-practicing Status Policy

The CGEIT non-practicing status was established to accommodate CGEITs who are unable to work in the governance of enterprise IT field due to hardship (i.e. short or long-term unemployment, disability, prolonged illness) or a change in profession. A CGEIT granted this status would be required to pay the annual maintenance fee, but would not be required to obtain continuing education hours. A CGEIT may remain in non-practicing status as long as he/she continues to meet the requirements for non-practicing. CGEITs in non-practicing status cannot use the “CGEIT” or “CGEIT (Non-practicing)” on business cards. Once the CGEIT returns to the profession, they must return to active status.

How to apply for CGEIT non-practicing status
A CGEIT must apply for CGEIT non-practicing status in the year they have left the workforce or profession. The non-practicing status would begin 1 January of that year. To apply, a CGEIT must submit an Application for CGEIT Non-Practicing Status to the Certification Department. Applications must be submitted along with the CGEIT invoice and payment no later than 15 January of the following year.

How to return to CGEIT active status
A non-practicing CGEIT returning to CGEIT active status within two calendar years from the year in which CGEIT non-practicing status is granted would do so by:

- submitting an Application for CGEIT Active Status to the Certification Department
- earning a minimum of 20 CPE hours during the year applying for active status
- submitting documentation supporting the 20 CPE hours

A non-practicing CGEIT returning to CGEIT active status after more than two calendar years from the year in which the CGEIT non-practicing status is granted would do so by:

- submitting an Application for CGEIT Active Status to the Certification Department
- earning a minimum of 120 CPE hours within a three-year time period
- submitting supporting documentation for the 120 CPE hours
- gaining one year of work experience in the field of governance of enterprise IT and submitting a Verification of Work Experience Form signed by a manager/supervisor

The CGEIT will remain a non-practicing CGEIT until the 120 CPE hours and one year of work experience are earned. Once approved, a CGEIT will be notified in writing that active status has been granted. A new three-year certification period will begin 1 January of the year in which active CGEIT status is granted.

An individual cannot re-apply for CGEIT non-practicing status for a period of three years following a return to active status.

January 2010
APPLICATION FOR CGEIT NON-PRACTICING STATUS
Page 1 of 2

Certification Number: ____________________________

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Email: ____________________________

I am applying for the non-practicing status based upon the following criteria (check one):

____ I am unable to perform the duties in the governance of enterprise IT profession by reason of short-term or long-term unemployment/disability.

____ I am no longer in the field of governance of enterprise IT, but wish to retain my CGEIT designation.

____ Other extenuating circumstances.

Please complete the respective section on page two of the application and submit it with this page. Your request for non-practicing status will not be processed until both pages are received.

When reporting my certification status, I agree to report it as CGEIT (Non-practicing). CGEITs in non-practicing status cannot use the “CGEIT” or “CGEIT (Non-practicing)” on business cards.

I understand that if granted a non-practicing status, I will be required to pay the annual maintenance fee but will not be required to obtain continuing education hours and that the effective date of the non-practicing status is 1 January of the year in which CPE minimums were not reported or met. I further understand that once I have returned to the profession, I am required to return to active status. In order to regain active status, I agree to submit to the Certification Department an Application for CGEIT Active Status along with completing the following requirement that applies to my situation.

A. If returning to active status within two calendar years from the year in which non-practicing status is granted, I agree to earn a minimum of 20 CPE hours during the calendar year in which the Application for CGEIT Active Status is submitted. Documentation supporting these hours must accompany the application.

B. If returning to active status after more than two calendar years, I agree to:
   - earn a minimum of 120 CPE hours within a three-year time period. (Documentation supporting these hours must accompany the application.)
   AND
   - gain one year of work experience in the field of governance of enterprise IT. A Verification of Work Experience Form signed by my manager/supervisor must be submitted.

Once a CGEIT active status is approved, my re-certification period will begin 1 January of the year in which CGEIT active status is granted. I understand that if I fail to abide by the above requirements my CGEIT certification will be revoked. I also understand that once I have returned to the profession, I am required to return to active status and that I cannot re-apply for CGEIT non-practicing status for a period of three years following a return to active status.

Signature ____________________________ Date ____________________________

Please complete and return to the Certification Department at certification@isaca.org or via fax to +1.847.253.1755

Doc: CGEIT Non-Practicing Form
Version: V2
Update: 2013-0927
I am unable to perform duties of a governance of enterprise IT professional by reason of short-term or long-term unemployment/disability.

Please provide a detailed explanation*:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I am no longer in the field of governance of enterprise IT, but wish to retain my CGEIT designation.

Please provide a detailed explanation*:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Other extenuating circumstances.

Please provide a detailed explanation*:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*Additional information may be required
Please complete and return to the Certification Department at certification@isaca.org or via fax at +1.847.253.1755.

ISACA Certification Use Only:

Effective Date of Non-Practicing Status: ____________________________

Date Processed: ____________________________  Staff Initials ____________________________
APPLICATION FOR CGEIT ACTIVE STATUS

Certification Number: ________________________________

Name
First Name ______________________ Middle Initial ______________________ Last Name ______________________

Home Address ________________________________________________________________

City ____________________________ State/Country __________________ Zip/Postal Code __________

Home Telephone __________________ Email ______________________

Present Employer

Your Job Title ________________________________________________________________

Company Name ______________________________________________________________

Business Address ____________________________________________________________

City ____________________________ State/Country __________________ Zip/Postal Code __________

Business Telephone __________________ Fax __________________

Immediate Supervisor

Name __________________________ Title ________________________________

I am applying to become an active CGEIT.

_____ I have been a non-practicing CGEIT for two calendar years or fewer. Attached is documentation supporting my 20 CPE hours earned within the past year.

_____ I have been a non-practicing CGEIT for more than two calendar years. Attached is documentation supporting my 120 CPE hours earned within the past three years, along with the Verification of Work Experienced Form signed by my manager/supervisor.

Person you have requested to verify your work experience:

Name __________________________ Title ________________________________

Company __________________________________________ Tel No. __________

I have requested my employer to complete and mail the Verification of Work Experience Form, which is necessary to become an active CGEIT if I have been a non-practicing CGEIT for more than two calendar years.

__________________________ ______________________
Signature Date

Please complete and return along with your CPE documentation to the Certification Department at certification@isaca.org or via fax to +1.847.253.1755.

January 2010
CGEIT RETURN TO ACTIVE STATUS

VERIFICATION OF WORK EXPERIENCE FORM

Certification Number ________________________________________

I, ___________________________________________, have been a non-practicing CGEIT for more
than two calendar years and am now applying to become an active CGEIT. I am required to obtain one year of work
experience in the field of governance of enterprise IT. This work experience must be independently verified by my
current employer. I would appreciate your cooperation in completing this form and mailing it directly to:

Certification Department
ISACA
3701 Algonquin Road, Suite 1010
Rolling Meadows, IL 60008-3124 USA

Tel No. +1.847.660.5660 Fax No. +1.847.253.1755

Thank you,

Applicant’s Signature

Supervisor’s Name: ________________________________________

Company Name: __________________________________________

Job Title: ________________________________________________

Telephone No. ____________________________________________

Email Address: ____________________________________________

I have functioned in a supervisory position to the applicant such that I can verify his/her work experience in the field
of governance of enterprise IT for the past 12 months.

Supervisor’s Signature ___________________________ Date ____________

January 2010
APPLICATION FOR RETIRED STATUS

Please provide the certification number of the designation(s) for which you are requesting retired status:

CISA
CISM
CGEIT
CRISC

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I am applying for the retired status based upon the following criteria (check one)*:

___ I am unable to perform the duties of an IS audit, control or security professional / an information security manager / an enterprise IT governance professional / a risk and control risk professional by reason of permanent disability.

___ I am over the age of 55 and permanently retired from the profession, but wish to retain my designation in retired status.

I understand that if granted a retired status, my certification will remain permanently in Retired Certification Status and annual certification maintenance fees will no longer be required. When reporting my certification status, I agree to report it as CISA (Retired), CISM (Retired), CGEIT (Retired) or CRISC (Retired). Certificeds in retired status cannot use the “CISA/CISM/CGEIT/CRISC” or “CISA (Retired) / CISM (Retired) / CGEIT (Retired) / CRISC (Retired)” on business cards.

In order to regain active status, I understand that I will need to retake the CISA, CISM, CGEIT or CRISC exam and resubmit an application for certification. I understand that I will not be able to claim the active status until my application has been approved.

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*Additional information may be required. Please complete and return to the Certification Department at certification@isaca.org or via fax to +1. 847.253-1755.

ISACA Certification Use Only:

Effective Date of Retirement Status:________________________

Date Processed: ___________________________ Staff Initials ___________________________