

## **CISA Non-practicing Status Policy**

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

### **How to apply for CISA non-practicing status**

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

### **How to return to CISA active status**

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

- submitting an *Application for CISA 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 CISA returning to CISA active status after more than two calendar years from the year in which the CISA non-practicing status is granted would do so by:

- submitting an *Application for CISA 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 IS audit, control or security and submitting a *Verification of Work Experience Form* signed by a manager/supervisor

The CISA will remain a non-practicing CISA until the 120 CPE hours and one year of work experience are earned. Once approved, a CISA 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 CISA status is granted.

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

APPLICATION FOR CISA NON-PRACTICING STATUS

Page 1 of 2

CISA Certification Number: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province

\_\_\_\_\_  
Country Zip/Postal Code

\_\_\_\_\_  
Telephone Number: Fax:

\_\_\_\_\_  
Email:

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

\_\_\_ I am unable to perform the duties of an IS audit, control or security professional by reason of short-term or long-term unemployment/disability.

\_\_\_ I am no longer in the field of IS audit, control or security, but wish to retain my CISA 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 CISA (Non-practicing). CISAs in non-practicing status cannot use the "CISA" or "CISA (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 due to the reason(s) checked above. 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 CISA 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 CISA 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 IS audit, control or security. A *Verification of Work Experience Form* signed by my manager/supervisor must be submitted.

Once a CISA active status is approved, my re-certification period will begin 1 January of the year in which CISA active status is granted. I understand that if I fail to abide by the above requirements my CISA certification will be revoked. I also understand that once I have returned to the profession, I am required to return to active status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICATION FOR CISA NON-PRACTICING STATUS

Page 2

\_\_\_\_ I am unable to perform the duties of an IS audit, control or security professional by reason of short-term or long-term unemployment/disability.

Please provide a detailed explanation\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I am no longer in the field of IS audit, control or security, but wish to retain my CISA 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](mailto:certification@isaca.org) or via fax to +1.847.253.1755.

|  |                            |
|--|----------------------------|
| ISACA Certification Use Only:            |                            |
| Effective Date of Non-Practicing Status: | _____                      |
| Date Processed:                          | _____ Staff Initials _____ |

## APPLICATION FOR CISA 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 CISA.

\_\_\_\_\_ I have been a non-practicing CISA 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 CISA 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 CISA if I have been a non-practicing CISA 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](mailto:certification@isaca.org) or via fax to +1.847.253.1755.

**RETURN TO ACTIVE STATUS  
VERIFICATION OF WORK EXPERIENCE FORM**

Certification Number \_\_\_\_\_

I, \_\_\_\_\_, have been a non-practicing CISA for more  
(Printed Name)

than two calendar years and am now applying to become an active CISA. I am required to obtain one year of work experience in the field of IS audit, control or security. 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. \_\_\_\_\_

I have functioned in a supervisory position to the applicant such that I can verify his/her work experience in the field of IS audit, control or security for the past 12 months.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**APPLICATION FOR RETIRED STATUS**

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

CISA \_\_\_\_\_  
CISM \_\_\_\_\_  
CGEIT \_\_\_\_\_  
CRISC \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province

\_\_\_\_\_  
Country Zip/Postal Code

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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). Certified 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

|                                      |                            |
|--------------------------------------|----------------------------|
| ISACA Certification Use Only:        |                            |
| Effective Date of Retirement Status: | _____                      |
| Date Processed:                      | _____ Staff Initials _____ |