

The Certified Information Systems Auditor Continuing Professional Education Policy

VERIFICATION OF ATTENDANCE FORM CISA Continuing Professional Education

CISA Certification Number: _____

_____ attended the following professional educational activity.
(Name)

Title: _____
(Title or name of program/course)

Date(s): _____ CPE Hours Earned: _____

Sponsor: _____

Description: _____

Location: _____

*Name of Presenter: _____

Signature: _____
(Presenter or Authorized Person)

**Note: If you are the presenter of the professional activity, please have the course sponsor sign.*

