

CISM Non-practicing Status Policy

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

How to apply for CISM non-practicing status

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

How to return to CISM active status

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

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

- submitting an *Application for CISM Active Status* to ISACA 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 information security management and submitting a *Verification of Work Experience Form* signed by a manager/supervisor

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

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

APPLICATION FOR CISM NON-PRACTICING STATUS

Page 1 of 2

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 information security management professional by reason of short-term or long-term unemployment/disability.
I am no longer in the field of information security management, but wish to retain my CISM 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 CISM (Non-practicing). CISM's in non-practicing status cannot use the "CISM" or "CISM (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 ISACA Certification Department an Application for CISM 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 CISM 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 information security management. A Verification of Work Experience Form signed by my manager/supervisor must be submitted.

Once a CISM active status is approved, my re-certification period will begin 1 January of the year in which CISM active status is granted. I understand that if I fail to abide by the above requirements my CISM 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 CISM 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.

APPLICATION FOR CISM NON-PRACTICING STATUS

Page 2

____ I am unable to perform the duties of an information security management professional by reason of short-term or long-term unemployment/disability.

Please provide a detailed explanation* _____

____ I am no longer in the field of information security management, but wish to retain my CISM 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 to +1.847.253.1755.

ISACA Certification Use Only:

Effective Date of Non-Practicing Status: _____

Date Processed: _____ Staff Initials _____

APPLICATION FOR CISM 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 CISM.

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

_____ I have been a non-practicing CISM for more than two calendar years. Attached is my 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 CISM if I have been a non-practicing CISM for more than two calendar years.

Signature Date

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

CISM RETURN TO ACTIVE STATUS
VERIFICATION OF WORK EXPERIENCE FORM

Certification Number _____

I, _____, have been a non-practicing CISM for more
(Printed Name)
than two calendar years and am now applying to become an active CISM. I am required to obtain one year of work experience in the field of information security management. 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 information security management 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 or via fax to +1. 847.253-1755.

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