



**Certified in Risk
and Information
Systems Control™**

An ISACA® Certification

Application for CRISC Certification



Trust in, and value from, information systems

Requirements to Become a Certified in Risk and Information Systems Control (CRISC)

EFFECTIVE WITH APPLICATIONS SUBMITTED 1 JUNE 2012 AND FORWARD, THERE IS A REQUIRED USD \$50 PROCESSING FEE FOR APPLYING FOR CERTIFICATION. Additional instructions for payment of the application fee will be provided as the date draws near.

To become Certified in Risk and Information System Control (CRISC), an applicant must:

1. Score a passing grade on the CRISC exam. A passing score on the CRISC exam, without completing the required work experience as outlined below, will only be valid for five years. If the applicant does not meet the CRISC certification requirements within the five year period, the passing score will be voided.
2. Submit payment of the CRISC application processing fee of US \$50. (for applications submitted after 1 June 2012.)
3. Submit verified evidence of at least three years work experience in the fields of risk management and information system (IS) control. A minimum of at least three (3) years of cumulative work experience performing the tasks of a CRISC professional across at least three (3) CRISC domains is required for certification.

There are no substitutions or experience waivers. 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.

Cumulative work experience is defined as experience performing at least one task within a domain over a period (duration) of time.

4. Agree to abide by the ISACA Code of Professional Ethics.
5. Agree to abide by the CRISC Continuing Education Policy, which can be viewed at www.isaca.org/crisccpepolicy.

ISACA Code of Professional Ethics

ISACA sets forth a Code of Professional Ethics to guide the professional and personal conduct of ISACA members and credential holders. To view a copy of the code please visit: www.isaca.org/ethics.

CRISC Continuing Professional Education (CPE) Policy

CRISC certified professionals are required to remain current with new practices, trends, and technologies by adhering to the CRISC CPE policy. As such, each individual must maintain an adequate level of current knowledge and proficiency in business and information technology risk and control practices. Those who successfully comply with the continuing professional education policy will be better equipped to support their Board of Directors and executive management. To view a copy of the policy please visit: www.isaca.org/crisccpepolicy.

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.** Applications will be randomly selected for audit of the verification forms.

In order for your application to be processed, you **MUST** collect and submit the application and verification of work experience forms and mail, FAX, or e-mail to:

CRISC Certification
ISACA
3701 Algonquin Road, Suite 1010
Rolling Meadows, IL 60008 USA
Fax: +1.847.253.1755
E-mail: criscapplication@isaca.org

Instructions for Completion of the Application

Applicant Information

Complete the top section of pages A-1 and A-2 with your name, ISACA ID number (ID#), email address and phone number.

Section 1—Employment History

For each employer (starting with the most current), enter the following information:

- **Employer Name.** Enter the name of the employer where CRISC tasks were performed. Use one assessment box for each employer.
- **Job Title(s).** **For each job title** held in which you performed CRISC tasks, enter your job title(s), the period of time (in the From MM/YY and To MM/YY boxes) you worked in each position, and the years/months of experience that you are claiming with this employer. Total the year/months of experience for all job titles at this employer.
- **CRISC Domain Work Experience.** **For each domain** in which you earned experience, enter the period of time (in the From MM/YY and To MM/YY boxes) that you performed tasks within the domain (see page V-2 for domains and task statements), and the years/months of experience that you are claiming with this employer. To qualify you need 3 years cumulative experience across a minimum of 3 domains.

Example: If in 2007 and 2008, you worked the entire year in domains 1, 2 and 4 with this company and in 2009 you only worked in domain 5 for the entire year for an employer, you would enter:

<u>CRISC Domain Experience</u>	<u>From MM/YY</u>	<u>To MM/YY</u>	<u>YEARS</u>	<u>MONTHS</u>
Domain 1	1/07	12/08	2	0
Domain 2	1/07	12/08	2	0
Domain 3	-	-		
Domain 4	1/07	12/08	2	0
Domain 5	1/09	12/09	1	0

- This example shows 3 years cumulative experience across 4 domains. **Note that the total years/months of experience cannot exceed the total length of employment with this employer.**
- Repeat these steps for each employer for which you are claiming CRISC experience.
- If you are using more than 2 employers, please print out additional copies of page A-1.

Section 2—Employment Summary

- Total CRISC domain related experience. Add the number of total years and months of CRISC domain experience for each employer. This number must total 3 years or more and you must have experience in at least 3 CRISC domains to qualify.

Section 3—Verifier Information

- For each employer listed in section 1 (page A-1), enter the employer name, verifier name, verifier job title, email address, and business phone of the person who will attest to your work experience at that employer. The employer name typically is identical to the employer name listed in section 1. 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. This verifier should be your immediate supervisor or a person of higher position within the organization. It is also acceptable for a knowledgeable client or colleague to verify your work experience if you are self-employed or if your supervisor is unable to do so. It is not acceptable for you as the applicant to also be a verifier on your own application.
- Read the acknowledgement. Print and sign your name and date the application form at the bottom of page A-2. Your application is not complete and will not be accepted unless you have signed and dated this page.

Verification of Work Experience Form (Pages V-1 and V-2)

For each verifier, complete the top portion of Verification of Work Experience Form page V-1 with your name (applicant name), ISACA ID#, email address and phone number. On Verification of Work Experience Form V-2, complete the top portion with your name (applicant name), ISACA ID#, and verifier name.

Section 4—Request for Work Experience Verification

You are required to have all of the work experience you claimed in section 1 verified by a person(s) qualified to do so. As mentioned in Section 3 above, this person should be your immediate supervisor or a person of higher position within your organization. It is also acceptable for a knowledgeable client or colleague to verify your work experience if you are self-employed or if someone at your employer is unable to do so. It is not acceptable for you to be a verifier of your own experience. If you have held multiple positions during the time covered by the application, it is up to the verifier to determine if he/she is able to verify your previous experience. If he/she cannot, an additional verifier(s) will be needed to verify previous experience.

- Print your name (applicant printed name) in the request for work experience verification section. Review the request for work experience verification section and sign and date where indicated (at applicant signature and date).
- Check the box of the CRISC tasks on page V-2 that you have performed for each employer and for which that verifier is attesting.
- Provide this form (both pages V-1 and V-2) along with a copy of your completed application (page A-1 only) to each person(s) verifying your specific work experience. It is suggested that you sit with each verifier in order to confirm the tasks that you are claiming to have performed on your application.

Section 5—Verification of Work Experience

This section should be completed by each individual who you have chosen to verify your work experience.

- Ask each verifier to complete their verifier name, professional title, company name, address, verifier e-mail and verifier telephone number.
- From Section 1, ask each verifier to identify which company he/she is verifying work experience for from the employment history boxes (1 or 2 or a combination thereof). For example, if the verifier is verifying experience from the employer in box 1 only, he/she should record #1. If the verifier is verifying experience from the employer in box 1 and 2, he/she should record #1 and #2.
- Ask each verifier to review the forms that you provided, including your completed application (page A-1 only) and the CRISC job practice task statement boxes that you checked on page V-2.
- Ask each verifier to answer ALL six questions by putting a check mark in the appropriate boxes.
- Ask the verifier to sign and date page V-1 of the verification form. If additional copies are required, photocopy the forms.

VERY IMPORTANT: Collect and send all completed verification forms together with your signed application. **DO NOT SEND THEM SEPARATELY.** Submit completed application and support documents via fax, e-mail or mail to:

Certification Coordinator

ISACA

3701 Algonquin Road, Suite 1010

Rolling Meadows, IL 60008-3124 USA

E-mail: certification@isaca.org

Telephone: +1.847.660.5660

Fax: +1.847.253.1443

Please note that verification forms are subject to a random audit. If selected verifiers will be contacted to confirm their completion and verification of the work experience that was verified.

Applicant Information

Applicant Name _____ ISACA ID# _____
 Last/Family Name First/Given Name Middle Initial

Email address _____ Phone number _____

Section 1—Employment History

Box 1. EMPLOYER NAME					
		Dates of Employment			
Work Experience		From MM/YY	To MM/YY	YEARS	MONTHS
JOB TITLE	1.				
	2.				
	3.				
TOTAL					
CRISC Domain Work Experience		From MM/YY	To MM/YY	YEARS	MONTHS
Domain 1 (RI)					
Domain 2 (RR)					
Domain 3 (RM)					
Domain 4 (CD)					
Domain 5 (CM)					
Enter the TOTAL number of years/months of work experience that you have performing the CRISC tasks (V-2) in each domains with this employer. Note that the total years/months of experience cannot exceed the total length of employment with this employer. See instructions for an example.					Experience in Domains 1-5
					YEARS MONTHS

Box 2. EMPLOYER NAME					
		Dates of Employment			
IT or Business Work Experience		From MM/YY	To MM/YY	YEARS	MONTHS
JOB TITLE	1.				
	2.				
	3.				
TOTAL					
CRISC Domain Work Experience		From MM/YY	To MM/YY	YEARS	MONTHS
Domain 1 (RI)					
Domain 2 (RR)					
Domain 3 (RM)					
Domain 4 (CD)					
Domain 5 (CM)					
Enter the TOTAL number of years/months of work experience that you have performing the CRISC tasks (V-2) in each domain with this employer. Note that the total years/months of experience cannot exceed the total length of employment with this employer. See instructions for an example.					Experience in Domains 1-5
					YEARS MONTHS

Section 2—Employment Summary

	YEARS	MONTHS
TOTAL CRISC overall domain related experience: Must be 3 or more years of cumulative experience across 3 CRISC domains.		

Applicant Information

Applicant Name _____ ISACA ID# _____
Last/Family Name First/Given Name Middle Initial

Email address _____ Phone number _____

Section 3—Verifier Information

Person(s) you have requested to verify your work experience (a work experience verification form, pages V-1 and V-2, must be submitted for each person listed below):

1) Employer Name _____

Verifier Name _____

Verifier Job Title _____

E-mail Address _____ Business Phone _____

2) Employer Name _____

Verifier Name _____

Verifier Job Title _____

E-mail Address _____ Business Phone _____

3) Employer Name _____

Verifier Name _____

Verifier Job Title _____

E-mail Address _____ Business Phone _____

Acknowledgement

I hereby apply to ISACA for certification, as Certified in Risk and Information Systems Control (CRISC) in accordance with and subject to the procedures and regulations of ISACA. I have read and agree to the conditions set forth in the Application for CRISC Certification and CRISC Continuing Education Policy in effect at the time of my application, covering the certification process and continuing education policies. I agree to denial of Certification and to forfeiture of my entire application fee and redelivery of any certificate or other credential granted me by ISACA in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing the CRISC certification program. I understand that all certificates are owned by ISACA and if my certificate is granted and then revoked, I will destroy the certificate.

I authorize ISACA to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing. If you become a Certified In Risk and Information Systems Control, your 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. By signing below, you authorize ISACA to disclose your certification status. The contact information will be used to fulfill your request, and may also be used by ISACA to send you information about related ISACA goods and services, and other information in which we believe you may be interested. By signing below, you authorize ISACA to contact you at the address and numbers you have provided, including to provide you with marketing and promotional communications. You further represent that the information you provided is yours and is accurate. To learn more about how we use the information you have provided on this form, please read our Privacy Policy, available at www.isaca.org. If you are already

an ISACA member, and/or if you elect to attend one of our events or purchase other ISACA programs or services, information you submit may also be used as described to you at that time.

I hereby agree to hold ISACA, its officers, directors, examiners, employees, and agents, 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. Notwithstanding 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 INTEND TO BE LEGALLY BOUND BY THEM.

Name _____

Signature _____

Date _____

(For your application to be complete you must include your name, signature and date above.)

Verification of Work Experience Form (page 1 of 2)

Applicant Name _____ ISACA ID# _____

Last/Family Name
First/Given Name
Middle Initial

E-mail address _____ Phone number _____

Section 4—Request for Work Experience Verification

I, _____, am applying for the Certified in Risk and Information Systems Control (CRISC)
(Applicant Printed Name)

certification. As such, my work experience in identifying, assessing, evaluating, responding to, and monitoring risk and/or designing, implementing, monitoring, and maintaining information system controls must be independently verified by individuals knowledgeable of my work experience (current or previous employer). 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 I currently or once worked as an independent consultant, I can use a knowledgeable client or colleague to perform this role.

Please verify my risk and/or IS control-related experience as noted on my attached application form, and as described by the CRISC job practice domains and task statements (see page V-2). Please return the completed form to me for my submission to ISACA. If you have any questions concerning this form, please direct them to criscapplication@isaca.org or call +1.847.660.5660. Thank you.

 Applicant Signature Date

Section 5—Verification of Work Experience

Verifier Name: _____

Last/Family Name
First/Given Name
Middle Initial

Professional Title: _____

Company Name _____

Address _____
Street

City
State/Province/Country
Postal Code

Verifier E-mail: _____ Verifier Telephone Number: _____

I am attesting to the employment experience listed in Section 1—Employment History.
 Enter box number (Box 1, Box 2, etc) or employer name. List all that apply to this verification. _____

1. I have functioned in a supervisory or other related position to the applicant and can verify his/her work experience. Yes No N/A
(Section 1 of the application)
2. I can attest to the duration of the applicant’s work experience on this application with my organization. Yes No N/A
If no, I attest to experience from _____ to _____.
3. I can attest to the duration of the applicant’s work experience on this application prior to his/her affiliation with my organization. Yes No N/A
4. I can attest that the tasks performed by the applicant, **as checked on the verification form page V-2**, are correct to the best of my knowledge. Yes No
5. I can attest to the fact that the applicant is competent in performing the tasks **as checked on the verification form page V-2**. Yes No
6. Is there any reason you believe this applicant should not be certified in Risk and Information Systems Control by ISACA? Yes No

 Verifier Signature Date

Verification of Work Experience Form (page 2 of 2)

Applicant Name _____ ISACA ID# _____
 Last/Family Name First/Given Name Middle Initial

Verifier Name _____

CRISC job practice domains and task statements

(Applicants are required to checkmark (✓) or (☒) in each box the tasks they performed to be confirmed by the verifier.)

Domain 1—Risk Identification, Assessment and Evaluation (RI)

- Collect information and review documentation to ensure that risks are identified and evaluated.
- Identify legal, regulatory and contractual requirements and organizational policies and standards related to IS to determine their potential impact on the business objectives.
- Identify potential threats and vulnerabilities for business processes, associated data and supporting capabilities to assist in the evaluation of enterprise risk.
- Create and maintain a risk register to ensure that all identified risks are accounted for.
- Assemble risk scenarios to estimate likelihood and impact of significant risks to the organization.
- Analyze risks, incidents and interdependencies to determine their impact on business objectives.
- Develop a risk awareness program and conduct training to ensure stakeholders understand risk and contribute to the risk management process and to promote a risk-aware culture.
- Correlate identified risks to relevant business processes to assist in identifying risk ownership.
- Validate risk appetite and tolerance with senior leadership and key stakeholders to ensure alignment.

Domain 2— Risk Response (RR)

- Identify and evaluate risk response options and provide management with information to enable risk response decisions.
- Review risk responses with the relevant stakeholders for validation of efficiency, effectiveness and economy.
- Apply risk criteria to assist in the development of the risk profile for management approval.
- Assist in the development of risk response action plans to address risks identified in the organizational risk profile.
- Assist in the development of business cases supporting the investment plan to ensure risk responses are aligned with the identified business objectives.

Domain 3—Risk Monitoring (RM)

- Collect and validate data that measures key risk indicators (KRI) to monitor and communicate their status to relevant stakeholders.
- Monitor and communicate key risk indicators (KRI) and management activities to assist relevant stakeholders in their decision-making process.
- Facilitate independent risk assessments and risk management process reviews to ensure they are performed efficiently and effectively.
- Identify and report on compliance risks to initiate corrective action and meet regulatory requirements.

Domain 4— IS Control Design and Implementation (CD)

- Interview process owners and review process design documentation to gain an understanding of the business process objectives.
- Analyze and document business process objectives and design to identify required IS controls.
- Design IS controls in consultation with the process owners to ensure alignment with business needs and objectives.
- Facilitate the identification of resources (e.g., people, infrastructure, information, architecture) required to implement and operate IS controls at an optimal level.
- Monitor the IS control design and implementation process to ensure it is implemented effectively and within time, budget and scope.
- Provide progress reports on the implementation of IS controls to inform stakeholder and to ensure deviations are promptly addressed.
- Test IS controls to verify effectiveness and efficiency prior to implementation.
- Implement IS controls to mitigate risk.
- Facilitate the identification of metrics and KPIs to enable the measurement of IS control performance in meeting business objectives.
- Assess and recommend tools to automate IS control processes.
- Provide documentation and training to ensure IS controls are effectively performed.
- Ensure all controls are assigned control owners to establish accountability.
- Establish control criteria to enable control life cycle management.

Domain 5—Control Monitoring and Maintenance (CM)

- Plan, supervise and conduct testing to confirm continuous efficiency and effectiveness of IS controls.
- Collect information and review documentation to identify IS control deficiencies.
- Review IS policies, standards and procedures to verify they address the enterprise's internal and external requirements.
- Assess and recommend tools and techniques to automate IS control verification processes.
- Evaluate the current state of IS processes using a maturity model to identify the gaps between current and targeted process maturity.
- Determine approach to correct IS control deficiencies and maturity gaps to ensure that deficiencies are appropriately considered and remediated.
- Maintain sufficient adequate evidence to support conclusions on the existence and operating effectiveness of IS controls.
- Provide IS control status reporting to relevant stakeholders to enable informed decision making.



Telephone: +1.847.253.1545
Fax: +1.847.253.1443
E-mail: criscapplication@isaca.org
Web site: www.isaca.org