

# INSTRUCTIONS FOR COMPLETING THE CISM EXAM REGISTRATION FORM

**Register online**—To register online, please visit the ISACA web site at [www.isaca.org/examreg](http://www.isaca.org/examreg).

To avoid any delay or the possibility of the registration being canceled, it is extremely important that the registration form be completed **in English** carefully and correctly. **Please print in block letters and black ink.**

1. **MEMBERSHIP ID**—If you are currently a member of ISACA, please enter your member number on the line provided. Although membership in ISACA is not required to take the exam, you may wish to consider a membership at this time and begin to enjoy the cost savings and many other benefits available to you. **If you are joining as an ISACA member now, please write “pending” on the line provided for your ISACA membership ID.**
2. **NAME**—Please indicate the appropriate salutation. Your name should be entered as follows: First Name, Middle Initial, Last or Family Name. **To prevent delays on the exam date, please use your legal name as it appears on your government-issued ID.**
3. If you are joining as an ISACA member at this time, please write your name as you want it to appear on your membership certificate.
4. **CERTIFICATIONS YOU CURRENTLY HOLD**—List the certifications you currently hold.
5. **RESIDENCE ADDRESS**—Enter your home address. Please make sure that your home city, state or province, country, and postal code are recorded in the proper fields.
6. **RESIDENCE PHONE AND FAX NUMBERS**—Enter your residence telephone and fax numbers, including all applicable area codes, country codes and international dialing codes.
7. **BUSINESS NAME**—Enter the name of your business.
8. **BUSINESS ADDRESS**—Enter your business address. Please make sure that your company’s city, state or province, country, and postal code are recorded in the proper fields.
9. **BUSINESS PHONE AND FAX NUMBERS**—Enter your business telephone and fax numbers, including all applicable area codes, country codes and international dialing codes.
10. **E-MAIL ADDRESS**—Enter your complete e-mail address. Notification of registration, an admission ticket, pass/fail results and score can be distributed via e-mail to all candidates who provide a valid e-mail address.
11. **SEND MAIL TO**—Check (tick) the appropriate box where all CISM exam correspondence and results are to be mailed.
12. **YEAR OF BIRTH**
13. **FIELD OF EMPLOYMENT**—Indicate your current field of employment:

1. Financial/Banking	6. Retail and Wholesale/Distribution	10. Telecommunications/Communications	14. Health Care/Medical
2. Insurance	7. Government/Military	11. Mining/Construction/ Petroleum/Agriculture	15. Pharmaceutical
3. Public Accounting	—National/State/Local	12. Utilities	16. Advertising/Marketing/Media
4. Transportation	8. Technology Services/Consulting	13. Legal/Law/Real Estate	17. Education/Student
5. Aerospace	9. Manufacturing/Engineering		99. Other
14. **EDUCATIONAL LEVEL**—Indicate degree or the number of equivalent years of university-level education:

1. One year or less	4. Four years	7. AS/Associates	10. Doctorate
2. Two years	5. Five years	8. BA/BS/Bachelors	99. Other
3. Three years	6. Six or more years	9. MS/MBA/Masters	
15. **WORK EXPERIENCE**—Indicate the number of years of information security management work experience:

1. No experience	3. 4-6 years	5. 10-12 years
2. 1-3 years	4. 7-9 years	6. 13 or more years
16. **CURRENT PROFESSIONAL ACTIVITY**—Please select the best match if your exact title is not listed:

1. CEO, President, Owner, General/Executive Manager	5. CFO, Controller, Treasurer, Finance Executive/VP/EVP	10. Compliance/Risk/Privacy Director/Manager/ Consultant	15. IT Staff
2. CAE, General Auditor, Partner, Audit Head/VP/EVP	6. Chief Compliance/Risk/ Privacy Officer, VP/EVP	11. IT Senior Auditor (External/Internal)	16. IT/IS Compliance/Risk/Control Staff
3. CISO/CSO, Security Executive/VP/EVP	7. IT Audit Director/ Manager/Consultant	12. IT Auditor (External/ Internal Staff)	17. Professor/Teacher
4. CIO/CTO, Info Systems/ Technology Executive/ VP/EVP	8. Security Director/Manager/Consultant	13. Non-IT Auditor (External/Internal)	18. Student
	9. IT Director/Manager/ Consultant	14. Security Staff	99. Other
17. **SIZE OF ENTIRE ORGANIZATION**—Indicate the size of your organization (number of employees) at your primary place of business:

1. Fewer than 50 employees	3. 150–499 employees	5. 1,500–4,999 employees	7. 10,000–14,999 employees
2. 50–149 employees	4. 500–1,499 employees	6. 5,000–9,999 employees	8. 15,000 or more employees
18. **SIZE OF IT Audit Staff**—Indicate the size of your IT audit staff (local office):

1. 0 individuals	2. 1 individual	3. 2–5 individuals	4. 6–10 individuals	5. 11–25 individuals	6. More than 25 individuals
------------------	-----------------	--------------------	---------------------	----------------------	-----------------------------
19. **SIZE OF INFORMATION SECURITY STAFF**—Indicate the size of your information security staff (local office):

1. 0 individuals	2. 1 individual	3. 2–5 individuals	4. 6–10 individuals	5. 11–25 individuals	6. More than 25 individuals
------------------	-----------------	--------------------	---------------------	----------------------	-----------------------------
20. **YOUR LEVEL OF PURCHASING AUTHORITY**—Indicate your level of purchasing authority:

1. Recommend products/services	2. Approve purchases	3. Recommend and approve purchases
--------------------------------	----------------------	------------------------------------
21. **EXAM LANGUAGE PREFERENCE**—Indicate the language version of the exam you desire. English will be assigned if no preference is indicated.
22. **EXAM CENTER CODE**—Select the city most convenient for you from the test center list and enter its name and corresponding number. Your admission ticket will show the specific location to which you should report. See page 13 for exam center locations.
23. **HOW DID YOU HEAR ABOUT THE EXAM?**—Select how you heard about the CISM exam:

1. ISACA international mailing	2. Chapter mailing	3. Event	4. Magazine	5. ISACA International Headquarters web site	11. Other
6. Chapter web site	7. Supervisor	8. Colleague (co-worker)	9. Colleague (non co-worker)	10. Social Media Site	
24. **AUTHORIZATION TO RELEASE CONTACT INFORMATION TO THE LOCAL ISACA CHAPTER**—Enter Y for yes or N for no to indicate whether you authorize release of your name and address information to a local ISACA chapter for the purpose of promoting chapter-sponsored activities, including study courses. (This is not applicable to ISACA members, individuals joining at this time or exam passers granted provisional membership.)
25. Do you wish to be notified of your pass/fail status and score by e-mail? —Enter Y for yes or N for no.  
**NOTE:** Your pass/fail result will be sent to the e-mail address provided in your online constituent profile. Please verify it is current and update if required.
26. **IS CISM CERTIFICATION REQUIRED FOR YOUR CURRENT POSITION OR FOR PROMOTION?**—Enter Y for yes or N for no.
27. **SIGNATURE**—Be sure to sign your form. Failure to do so will result in ineligibility to sit for the exam.