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EXAMINATION REGISTRATION FORM

BUSINESS CONFIDENTIAL

Use this form to register for an (ISC)² examination. Please print clearly. Incomplete forms will be returned.

SECTION 1: APPLICANT INFORMATION

Last Name/Surname: _____ Mr. ☐ Ms. ☐

First Name/Given: _____ Middle Initial: _____

Home Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Email: _____ Home Phone: _____ Home Fax: _____

Date of Birth: _____

Employer: _____

Title / Position: _____ Industry: _____

Business Address: _____

City: _____ State/Province: _____ Postal Code: _____

Business Email: _____ Business Phone: _____ Business Fax: _____

Please Email Test Results to: ☐ Home Email Address ☐ Business Email Address

SECTION 2: EXAM INFORMATION (Please indicate the examination you wish to sit for and your language preference.)

☐ **CISSP** Certified Information Systems Security Professional ☐ English ☐ Japanese ☐ Korean

☐ **SSCP** Systems Security Certified Practitioner (English Only)
☐ **ISSAP** Information Systems Security Architecture Professional (English Only)
☐ **ISSEP** Information Systems Security Engineering Professional (English Only)
☐ **ISSMP** Information Systems Security Management Professional (English Only)

SECTION 3: BACKGROUND INFORMATION

Have you ever been convicted of a felony, a crime based on dishonesty (felony or misdemeanor involving lying) or a Court Martial in military service, or is there a felony charge now pending against you? (Omit minor traffic violations and offenses prosecuted in juvenile court) Yes ☐ No ☐

Have you ever had a professional license, certification, membership or registration revoked, or have you ever been censured or disciplined by any professional organization or government agency? Yes ☐ No ☐

Have you ever been involved, or publicly identified, with hackers or hacking? Yes ☐ No ☐

Have you ever been known by any other name, alias, or pseudonym? (You need not include user identities or screen names with which you were publicly identified.) Yes ☐ No ☐

If you replied YES to any of the forgoing questions, explain fully on separate sheet of paper and attach to this form.

☐ I have a physical or other disability that may require special arrangements; please contact me.

SECTION 4: APPLICANT REQUIREMENTS

(Complete the appropriate section related to the certification/concentration type checked in Section 2.)

SECTION 4: CISSP

The applicant must meet the following requirements to qualify to sit for the examination: **A**. Subscribe to the (ISC)2 Code of Ethics; and **B**. Have a **minimum** 4 years of **direct full-time security professional work** experience in one or more of the ten domains of the information systems security CBK™ or 3 years plus a college degree or 2 years experience plus a Bachelor's Degree and a Master's Degree in Information Security from a National Center of Excellence. Valid experience includes information systems (IS) security-related work performed as a practitioner, auditor, consultant, investigator or instructor, that requires IS security knowledge and involves the direct application of that knowledge. The 4 years of experience must be the equivalent of actual full-time IS security work (not just IS security responsibilities for a 4 year period); this requirement is cumulative, however, and may have been accrued over a much longer period of time.

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SECTION 4: CISSP (CONT)

List information that qualifies for your 4 years of professional work experience. If your experience is not clearly IS security-related, provide further details on an attached sheet of paper. (ISC)² may, at its sole discretion, require more information and/or reject any candidate's application.

Number Of Months	Domain (See Page 4)	Industry (See Page 4)

University /College: _____

Degree/Diploma Granted: _____ Date Granted: _____

SECTION 4: CISSP CONCENTRATION

To qualify for a Concentration examination, you must be a CISSP in good standing. Please enter your Certificate Number: _____

SECTION 4: ASSOCIATE OF (ISC)² - CISSP

You have chosen a career path in information security and will work toward meeting the requirements for professional certification as an CISSP. You agree to subscribe to the (ISC)² Code of Ethics.

List any experience you may have towards the requirements for CISSP certification.

Number Of Months	Domain (See Page 4)	Industry (See Page 4)

University /College: _____

Degree/Diploma Granted: _____ Date Granted: _____

When do you expect to obtain the number of years of experience required for certification as a CISSP? _____

SECTION 4: SSCP

The applicant must meet the following requirements to qualify to sit for the examination: **A**. Subscribe to the (ISC)² Code of Ethics; and **B**. Have a **minimum** 1 year of direct **full-time security** work experience in one or more of the seven test domains of the information systems CBK™. Valid experience includes information systems (IS) security-related work performed as a practitioner, auditor, consultant, investigator or instructor, that requires IS security knowledge and involves the direct application of that knowledge. The 1 year of experience must be the equivalent of actual full-time IS security work (not just IS security responsibilities for a 1 year period); this requirement is cumulative, however, and may have been accrued over a much longer period of time.

List positions that qualify for your 1 year of work experience. If your titles are not clearly IS security-related, describe your work on an attached sheet of paper. (ISC)² may, at its sole discretion, require more information and/or reject any candidate's application.

Number Of Months	Domain (See Page 4)	Industry (See Page 4)

SECTION 4: ASSOCIATE OF (ISC)² - SSCP

You have chosen a career path in information security and will work toward meeting the requirements for certification as an SSCP. You agree to subscribe to the (ISC)² Code of Ethics.

List any experience you may have towards the requirements for SSCP certification.

Number Of Months	Domain (See Page 4)	Industry (See Page 4)

When do you expect to obtain the one year of experience required for certification as an SSCP? _____

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EXAMINATION PREFERENCE INFORMATION

Exam Date: _____ (MM/DD/YY)

Exam Location: _____

Host/Sponsor: _____

EXAMINATION FEES (Check the payment being made. All fees are U.S. dollars)

Concentration Registration Fees:

CISSP or Associate Of (ISC)² Early Registration (Received 16 days prior to the exam date)	☐	$499		
CISSP or Associate Of (ISC)² Standard Registration (Received less than 16 days from exam date)	☐	$599		
Certification Registration Fees:				
SSCP or Associate Of (ISC)² Early Registration (Received 16 days prior to the exam date)	☐	$369		
SSCP or Associate Of (ISC)² Standard Registration (Received less than 16 days from exam date)	☐	$469		
Concentration Registration Fees (Multiple Concentration Registration Discounts):		**1**	**2**	**3**
CISSP Concentration Early Registration (Received 16 days prior to the exam date)	☐	$349	$599	$749
CISSP Concentration Standard Registration (Received less than 16 days from exam date)	☐	$449	$699	$849

METHOD OF PAYMENT

Payment is due at the time of registration. Payment may be made by cheque, money order / bank draft drawn on a major U.S. bank or via a major credit card. Please make cheques or money orders/ bank drafts payable to (ISC)².

Please select the payment method: ☐ Cheque ☐ Money Order / Bank Draft ☐ Credit Card

Please indicate type of credit card: ☐ Visa (13 or 16 digits) ☐ Mastercard (16 digits) ☐ American Express (15 digits)

Please enter your credit card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please enter your credit card expiration date (MM/YY): ☐☐☐☐ Card Security Code (From back of card) ☐☐☐☐

CREDIT CARD AUTHORIZATION

I hereby authorize a charge of $ _____ in U.S. dollars to my credit card indicated above.

Authorized Signature: _____ Date: _____

Billing Address (if different than the address on Page 1)

_____

_____

AGREEMENT & POLICY

By registering for an examination, I hereby affirm that I understand, acknowledge and agree to the following:

- **Cancellations and Refunds:**

  If the exam size of any location is exceeded, registrations will be accepted based on the earliest postmark date when payment in full of registration fees is received (check or credit card authorization form). (ISC)² reserves the right to cancel any examination 15 days in advance if attendance is insufficient. In any event, (ISC)² 's liability shall be limited to a full refund of fees paid. Cancellation or rescheduling requests received in writing with 22 days notice or more will incur a $100 cancellation or rescheduling fee (Refund = Amount Paid, Less $100.) Cancellation or rescheduling requests received in writing with between 21 calendar days and 5 calendar days, will be given credit toward attendance at a subsequent program only (No Refund) and will incur an additional $100 fee for rescheduling. Cancellations received with less than 5 calendar days notice and "no shows" will not be given a refund nor credit toward a later program (unless there is a documented medical emergency.) Rescheduling or canceling both a review session and an exam will incur two $100 fees for a total of $200.

- **Examination Retakes:**

  It is the policy of (ISC)^2 to prohibit the retaking of any (ISC)^2 certification exam by a certification holder more than ninety (90) days prior to the expiration of the holder's certificate. Furthermore, a certificate holder may not retake any exam if (1) he/she has been de-certified by (ISC)^2 and prohibited from being recertified; (2) he/she possesses the requisite CPEs for recertification; (3) he/she currently serves, or intends to serve within the next ninety (90) days, as an instructor or advisor preparing others for the exam, whether for (ISC)^2 or any other organization. Violation of any provision of this policy shall be submitted to the (ISC)^2 Professional Practices Committee for remedial action, including possible decertification.

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AGREEMENT & POLICY

Privacy & Non-Discrimination Policies:

I have read and understand the (ISC)² Privacy Policy which governs all use of my personal information by (ISC)² and its vendors, and is located at www.isc2.org/cgi-bin/content.cgi?page=22

(ISC)² does not allow, condone or support discrimination of any type or form within its organization, practices, procedures, or vendors. This applies to our employees, constituents, candidates, and supporters.

Should you desire to sit for one of our certification exams and find that the date conflicts with your religion in any way, we recommend you check our web site for an alternate date or an alternate location with an examination scheduled on a conforming date. If an alternate date or location is not available, please notify us.

Should you be eligible to sit for our examination, but possess an impairing physical or learning disability that prohibits you from reading or writing the examination, please notify us and we will be glad to offer you a reasonable accommodation.

Payments & Applications:

(ISC)² will not accept third party payments or applications for any (ISC)² examination applicant unless the third party is a government agency, the applicant's employer, or is otherwise authorized by (ISC)² prior to the application being submitted.

APPLICATION AGREEMENT

I have read the (ISC)² Code of Ethics and hereby confirm that I have not violated any of its provisions in the past, and that I will comply with it in the future. I will treat all information related to the examination as confidential, whether provided to me by (ISC)² or received from other sources

All information provided by me in this application is true to the best of my knowledge. (ISC)² may, at is sole discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this application to verify the accuracy and completeness of the information I have provided. I further agree to cooperate in any such investigation by (ISC)² regarding the information I have provided, including my criminal history. I understand that providing any information that is fraudulent, or failing to completely or accurately disclose facts known to me, or my failure to cooperate in any inquiry by (ISC)² into the information I have provided, will result in the refusal of (ISC)² to issue the credential to me or revocation of my credential if already awarded, and me being forever barred from ever attaining the credential.

Any action arising out of this application, the examination, or the certifications must be brought in the Circuit Court of Framingham County, Massachusetts, USA and shall be governed by the laws of the State of Massachusetts.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

Applicant Signature: _____ Date:_____

Mail this completed registration form to:

(ISC)² Services,
2494 Bayshore Blvd., Suite 201,
Dunedin, FL 34698 USA

You may also fax your registration with credit card payment to: **1.727.738.8522**. Faxing your completed registration form and payment will reserve your space. However, you will also need to mail in a hardcopy of your form and payment authorization to ensure your registration is confirmed.

For questions, please call (ISC)² Services at **1.727.738.8657 or 1.727.738.9548**, U. S. EDT, or **1.888.333.4458** toll-free in North America.

CISSP DOMAINS

Access Control & Methodology
Applications & Systems Development
Business Continuity Planning
Cryptography
Law, Investigations & Ethics
Operations Security
Physical Security
Security Architecture & Models
Security Management Practices
Telecommunications, Network & Internet Security

SSCP DOMAINS

Access Controls
Administration
Audit and Monitoring
Risk, Response and Recovery
Cryptography
Data Communications
Malicious Code/Malware

INDUSTRY TYPES:

Aerospace
Agriculture / Forestry
Banking / Financial/ Accounting
Communications / Networks
Computer Services / Systems
Construction / Engineering / Architectural
Educations
Fishing
Government & Military
Federal Government
State Government
Local Government
Healthcare / Medical / Pharmaceutical
Hospitality
Insurance
Legal
Management Consulting
Manufacturing
Media
Merchandising
Natural Resources
Public Utilities
Real Estate
Retail
Self-Employed
Service
Transportation / Shipping
Wholesale
Other (Please Specify)

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