



Application for COBIT Certified Assessor



REQUIREMENTS TO BECOME A COBIT CERTIFIED ASSESSOR

THERE IS A REQUIRED US \$100 APPLICATION PROCESSING FEE. Payment of the COBIT Certified Assessor application processing fee can be made online at www.isaca.org/assessorpay.

To become a COBIT Certified Assessor, an applicant must:

1. Score a passing grade on the COBIT 5 Foundation exam, complete the Assessor course and score a passing grade on the Assessor exam. A passing score on the Assessor exam will only be valid for one year. If the applicant does not meet all the COBIT Certified Assessor requirements within the one-year period, the passing score will be voided.
2. Submit payment for the Certified Assessor application processing fee of US \$100 online at www.isaca.org/assessorpay. The application processing fee must be paid before your application is considered and is not refundable.
3. Submit verified evidence of five (5) or more years work experience performing process based activities. These activities are defined specifically on page V-2 in the COBIT Certified Assessor Process Based Activities section.

The application must contain work experience gained within the 10-year period preceding the application date. Applications must be submitted no later than one (1) year from the date of initially passing the COBIT Assessor exam.

SUBSTITUTION FOR WORK EXPERIENCE (2 YEARS)

To recognize experience gained by being a CISA[®] (in good standing), two (2) years of the five (5) year experience requirement will be waived.

4. Agree to abide by the ISACA Code of Professional Ethics, which can be viewed at www.isaca.org/ethics.
5. Agree to the program's renewal requirements. The COBIT Certified Assessor initial term is two (2) years from the date of application approval, but will extend to the end of the calendar year in which the two year term ends (31 December). After the initial period you must meet the renewal requirements which will extend your term for another two (2) years. The renewal requirements consist of remitting a \$100 renewal fee and submitting evidence of having performed a minimum of two (2) assessments during the prior two (2) years. Assessment activity will be reported to ISACA using an assessor log that will capture the following information; Dates of assessments, number of people in assessment team, your role in the assessment (team leader, team member), duration of assessment, and your responsibilities as it specifically relates to the process based activities. The client or employer will sign off attesting to the fact that the assessor has worked in and performed these activities. Additional renewal information is available at www.isaca.org/COBITassessorRenewal.

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 an audit of the specific work experience claimed on the verification forms. If you are selected for an audit, your work experience will be verified.

In order for your application to be processed without delay, you must collect all the verification of work experience forms and submit them along with your application to the address below or fax to the number indicated. **YOU MUST SUBMIT ALL DOCUMENTS AT THE SAME TIME.** Your US \$100 application fee must be submitted before your application package is sent to ISACA. Please pay online at www.isaca.org/assessorpay.

COBIT Certified Assessor
ISACA
3701 Algonquin Road, Suite 1010
Rolling Meadows, IL 60008 USA
Phone: +1.847.660.5522
Fax: +1.847.253.2137
Email: COBITtraining@isaca.org

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

Review the process based activities on page V-2 to ensure you have earned the required work experience. You must have performed at least one of these activities in order to qualify as a COBIT Certified Assessor.

You are required to provide your ISACA ID number on the application. If you do not have an ISACA account, you may create one online at www.isaca.org. Use the Create Account link within the login section on the home page to create an account which will establish your ISACA ID number.

To find your ISACA account number, go to www.isaca.org/profile, which will take you to the myPROFILE page within myISACA (login required).

You will also need to provide your APMG Assessor Exam Candidate number. If you do not have that number, please contact the training organization with which you took your exam. Public exam candidates should contact servicedesk@apmg-international.com.

Please use black ink and print in block letters or type.

Page A-1: Work Experience

Complete the top portion of A-1 with your (Applicant) Name, ISACA ID number, email address, your (Applicant) phone number and APMG Assessor Exam Candidate number.

Section A—Work Experience

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

- Name of employer where process based activities were performed.
- Job title held where work experience is claimed. If multiple positions were held, use one line for each title.
- Date range (month and year) in which process based activities were performed.
- Duration of work experience—enter the number of years and months for each job held.
- Add the number of years and months for all work experience claimed and enter the totals.

Section B—Substitution for Work Experience

If you currently hold a CISA[®] certification and are in good standing, you can claim (2) two years substitution of the five (5) years required work experience. If you qualify for this substitution, check the box and enter 2 years in Section C on the “Section B” line.

Section C—Summary of Work Experience Requirements

Record the total number of years from sections A and B on the lines provided. The total in Section A must be three (3) or more years. The total in Section B will be two (2) years, if claiming a substitution. Add Sections A and B and record the total number of years on the line titled “Total Work Experience.” This total must be equal to or greater than five (5) years to qualify as a COBIT Certified Assessor.

Page A-2: Verifier Information/Acknowledgement

Complete the top section of page A-2 with your (Applicant) Name and ISACA ID#.

Section D—Verifier Information

For each employer listed in Section A, enter the employer name, verifier name, verifier job title, business phone numbers and email address of the person who will attest to your work experience for that employer. The employer name is the employer(s) from Section A that this verifier is being requested to confirm.

Read the acknowledgement. Print and sign your name and date the application 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.

Pages V-1, V-2: Verification of Work Experience Forms

You are required to have your work experience claimed in Section A verified by a person qualified to do so. You will need to complete a set of verification forms (V-1 and V-2) for each person being asked to verify your work experience claimed in Section A. The verifier should be your immediate supervisor or a person of higher position within your organization. If one person cannot verify all required experience, previous employers must be asked to verify experience. It is permissible for one verifier to verify all of your work experience. If you are no longer in contact with your former supervisors/managers, you can have a colleague that has knowledge of your work experience from that employer verify that work experience. If you currently or once worked as an independent consultant, you can use a knowledgeable client to verify your work experience. The individual verifying your work experience must be an independent verifier and not of any relation to the applicant nor can the applicant verify his/her own work. The individual verifying your work should have first-hand knowledge of the work that you perform (or did) and the activities you performed as well as your work employment dates.

Each work experience verifier needs to be issued a verification form. Two copies of the form have been provided. You can make additional photocopies as needed. In order for the verifier to perform their task, you will need to provide them with the first page (A-1) of your application (**do not provide page A-2**), and the Verification of Work Experience Form (pages V-1 and V-2).

Page V-1—Verification of Work Experience Form (page 1 of 2)

Complete the top portion with your (Applicant) name, ISACA ID number, email address, your (Applicant) phone number and APMG Assessor Exam Candidate Number.

Section E—Request for Work experience Verification

Review section. Complete with your name (printed Name) and sign and date by Applicant's Signature.

Section F—Verification of Work Experience

This section is to be completed by the individual who you have chosen (from page A-2) to verify your work experience. Each verifier will complete a separate verification form. Your verifier will need to complete Section F by providing the information requested about them, reviewing the activities checked on page V-2, answering all questions, sign and date.

Page V-2—Verification of Work Experience Form (page 2 of 2)

Complete the top portion with your (Applicant) Name, ISACA ID number, and Verifier Name.

Review the COBIT Certified Assessor Process Based Activities section. Check off each process based activity within each area that applies to the experience your verifier will attest to. It is suggested that you sit with each verifier in order to confirm the activities that you have claimed (checked off). Your verifier must review and confirm that the process based activities checked off apply to the work experience that is being verified. Your verifier will answer the corresponding questions in Section F of page V-1.

Please note that Verification of Work Experience Forms are subject to an audit and verifiers may be contacted to confirm their completion and verification of the work experience form that they signed.

Please use black ink and print in block letters or type.

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

Email address: _____ Applicant's phone number _____ APMG Assessor Exam Candidate # _____

Section A—Work Experience

For each employer (starting with the most current), enter information pertaining to the positions where you have performed activities as described on page V-2. The work experience claimed below must be within the 10-year period preceding your COBIT Certified Assessor application date.

1	Employer name and job title	Dates of employment performing activities	Duration of experience	
			Years	Months
	Employer Name	MM/YY to MM/YY		
	Job Title	to		
	Employer Name	MM/YY to MM/YY		
	Job Title	to		
	Employer Name	MM/YY to MM/YY		
	Job Title	to		
Add the years and months of duration of experience and total to the right (must be a total of three or more years) in Section A.			Total	

Section B—Substitution for Work Experience [two (2) years]

Two years of experience will be substituted if you hold a CISA[®] (good standing). Mark with an (x) below if applicable and enter 2 years in Section C on the “Section B:” line.

CISA[®] in good standing with ISACA Yes___

Section C—Summary of Work Experience Requirements

Record the total number of years from Section A (round down to whole year) and enter 2 years on the Section B line if you are claiming the substitution. The total in Section B can be no greater than two (2) years, which is the maximum allowable substitution.

	Years
Section A: (Must be 3 years or more) Total years of Process Based Experience (round down to whole year)	_____ from Section A above
Section B: (Two years) Total number of years being substituted	_____ from Section B above
Total Work Experience —(Must be 5 years or more)	_____ TOTAL

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

Section D—Verifier Information

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

1. Employer Name _____
 Verifier Name _____ Verifier Job Title _____
 Bus. Tel. No. _____ E-mail address _____

2. Employer Name _____
 Verifier Name _____ Verifier Job Title _____
 Bus. Tel. No. _____ E-mail address _____

3. Employer Name _____
 Verifier Name _____ Verifier Job Title _____
 Bus. Tel. No. _____ E-mail address _____

ISACA reserves the right to contact your immediate supervisor and verifiers for confirmation of work experience.

Acknowledgement

I hereby apply to ISACA to be a COBIT Certified Assessor 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 to be a COBIT Certified Assessor including the renewal requirements. I agree to denial of this application and to forfeiture of the application fee and destroy 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 COBIT Certified Assessor 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 information provided on this application, my credentials and my professional standing. If you become a COBIT Certified Assessor, your 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 COBITTraining@isaca.org. By signing below, you authorize ISACA to disclose your COBIT Certified Assessor status. The contact information will be used to fulfill your request, and may 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 your 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 laws of the State of Illinois, USA. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY AS A COBIT CERTIFIED ASSESSOR 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.

 Printed Name

 Signature

 Date

(For your application to be complete you must sign and date on the line above.)

Verification of Work Experience Form (page 2 of 2)

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

Verifier Name: _____

COBIT Certified Assessor Process Based Activities

The COBIT Certified Assessor process based activities are focused around experience in the planning, building, running, and/or monitoring (PBRM) of IT processes. **Please indicate with an (x) in each box which of the following activities you performed to be confirmed by the verifier.**

Planning (check all that apply)

- Establish appropriate process structure for the management and governance of IT
- Ensure that appropriate roles, responsibilities, and accountabilities are established and enforced for process operation/execution
- Determine what specific processes are required for a given area of enterprise activity
- Interview process owners, enterprise employees, management, and other stakeholders, present findings to enterprise stakeholders

Building (check all that apply)

- Conduct pre-implementation assessments to determine if new processes being developed will perform as required and deliver the intended outcomes to the enterprise
- Identify potential process issues and form hypothesis and potential solution options
- Implement accepted solutions and ensure that the enterprise receives the anticipated benefits

Running (check all that apply)

- Ensure processes are in alignment with established guidelines (where they exist) and are achieving intended outcomes (goals, objectives)
- Make process change recommendations
- Identify opportunities for/suggest recommendations to improve enterprise processes

Monitoring (check all that apply)

- Collect and analyze process data to detect deficient process performance or outcome including duplicated efforts, control activity failures, extravagance, fraud, or non-compliance with laws, regulations, or management policies -Report to management on the adequacy and effectiveness of enterprise processes
- Examine management processes within an enterprise IT-related areas of activity, to monitor their performance and achievement of objectives
- Carry out research and data collection to understand enterprise performance, specifically how enterprise processes contribute to business goals and objectives

Verification of Work Experience Form (page 2 of 2)

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

Verifier Name: _____

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