

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 1700 E Golf Rd., Suite 400 Schaumburg, IL 60173

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 <code>servicedesk@apmg-international.com</code>.

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.



TOTAL

Page A-1



Total Work Experience—(Must be 5 years or more)

	e use black ink and print in block let				
Appli	cant Name:		ISACA ID #		
	Last/Family Name	First/Given Name	Middle Initial		
Emai	l address:	Applicant's phone number	APMG Assessor Exam Candi	date #	
For e		current), enter information pertaining to the pelow must be within the 10-year period prece			bed on
		Employer name and job title	Dates of employment performing activities		tion of rience
1	Employer Name			Years	Months
	Job Title				
2	Employer Name			Years	Months
	Job Title				
3	Employer Name			Years	Months
	Job Title				
	the years and months of duration of expert be a total of three or more years) in Sect		Total		
Section Section	ion B—Substitution for Work	Experience [two (2) years] ed if you hold a CISA® (good standing). Mark		years in	
Section CISA Section Recognition	ion B—Substitution for Work years of experience will be substituted on C on the "Section B:" line. in good standing with ISACA Years of C—Summary of Work Expert the total number of years from Section Section Section Sec	Experience [two (2) years] ed if you hold a CISA® (good standing). Mark	with an (x) below if applicable and enter 2 years on the Section B line if you are clain wable substitution.		ubstitutio
Section Sectio	ion B—Substitution for Work years of experience will be substituted on C on the "Section B:" line. in good standing with ISACA Years of C—Summary of Work Expert the total number of years from Section Section Section Sec	Experience [two (2) years] ed if you hold a CISA® (good standing). Mark es perience Requirements ction A (round down to whole year) and enter nan two (2) years, which is the maximum allo	with an (x) below if applicable and enter 2 y		ubstitution



Page A-2



Applicant Name:		ISACA ID #
Last/Family Name	First/Given Name	Middle Initial
Section D—Verifier Information		
Person(s) you have requested to verify your worl for each person listed below):	k experience (a work exp	perience verification form, pages V-1, V-2 must be submitted
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
Acknowledgement hereby apply to ISACA to be a COBIT Certified Assessor in ac o the procedures and regulations of ISACA. I have read and a set forth in the application to be a COBIT Certified Assessor in requirements. I agree to denial of this application and to forfe ee and destroy of any certificate or other credential granted in that any of the statements or answers made by me in this apparent that I violate any of the rules or regulations governing the program. I understand that all certificates are owned by ISACA granted and then revoked, I will destroy the certificate. authorize ISACA to make whatever inquiries and investigation or verify information provided on this application, my credentistanding. If you become a COBIT Certified Assessor, your state has be disclosed by ISACA to third parties who inquire. If my understand that I am able to appeal the decision by contacting	ccordance with and subject togree to the conditions icluding the renewal iture of the application me by ISACA in the event plication are false or in the e COBIT Certified Assessor A and if my certificate is is it deems necessary als and my professional tus will become public, and application is not approved,	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 <i>www.isaca.org.</i> 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 Country, 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.
The contact information will be used to fulfill your request, an to send you information about related ISACA goods and service in which we believe you may be interested. By signing below, contact you at the address and numbers you have provided, it marketing and promotional communications.	ces, and other information , you authorize ISACA to	Printed Name Signature
		Date

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





Applica	ant Name:		ISACA ID#_			
-P P	Last/Family Name	First/Given Name	Middle Initial			_
Applica	ant email address:	A	oplicant phone number			
Verifier	· Name:					
	n E—Request for Work Experie					
,	(Printed Name)	, am applying throug	h ISACA to be a COBIT Certified Assesso	r.		
ndividu	ual verifying the work experience mus	t be an independent verifier and not	lently verified by my current and/or previor any relation to the applicant nor can the relation to colleague to perform to	applicant		
he CO		activities on page V-2. Please return	k experience as noted on my application the completed forms to me for my submis rg. Thank you.			
Applicant	's Signature	Date				
. ! .	o E. Madica diaman Mada Fara					
ectio	n F—Verification of Work Expe	rience				
Verifier	Name:					
	ional Title:					
	3					
		Street				
	City	\$	tate/Province/Country		Postal C	Code
Verifier	E-mail:	Ver	ifier Telephone Number:			
am att	esting to (verifying) the employment ex	xperience listed on page A-1. Enter en	apployer name(s). List all that apply to this v	erification:		
Please p	provide an answer to all questions below	v.				
1.	I have functioned in a supervisory of work experience (see Section A).	or other related position to the applica	ant and can verify his/her	☐ Yes	□ No	□ N/A
2.	I can attest to the duration of the ap	plicant's work experience on this app		☐ Yes	□ No	□ N/A
3.	I can attest to the duration of the ap	m to plicant's work experience on this app	blication prior to his/her affiliation	☐ Yes	□ No	□ N/A
4.		rmed by the applicant, as checked or	the verification form page V-2,	☐ Yes	□ No	
5.			activities as checked on the verification	□ Yes	□ No	
6.	form page V-2. Is there any reason you believe this	applicant should not be awarded the	COBIT Certified Assessor?	☐ Yes	□ No	
	Verifier's Signature					





Verification of Work	Experience Form (page 2 of 2	3)					
Applicant Name		ISACA ID#_					
••	Last/Family Name	First/Given Name	Middle Initial				
Verifier Name:							
COBIT Certified	d Assessor Process B	Based Activities					
The COBIT Certified	Assessor process based activitie	es are focused around experier	nce in the planning, build	ling, running, and/or monitoring (PBRM) of IT			
processes. Please indic	cate with an (x) in each box v	which of the following activit	ies you performed to be	e confirmed by the verifier.			
Planning (check all	that apply)						
☐ Establish appropria	te process structure for the man	nagement and governance of I	T				
	riate roles, responsibilities, and		•	ess operation/execution			
☐ Determine what spe	ecific processes are required for	r a given area of enterprise act	tivity				
☐ Interview process o	owners, enterprise employees, n	management, and other stakeho	olders, present findings to	enterprise stakeholders			
Building (check all t	that apply)						
☐ Conduct pre-impler to the enterprise	mentation assessments to deterr	mine if new processes being de	eveloped will perform as	required and deliver the intended outcomes			
☐ Identify potential pr	rocess issues and form hypother	sis and potential solution optic	ons				
☐ Implement accepted	d solutions and ensure that the e	enterprise receives the anticipa	ted benefits				
Running (check all	that apply)						
☐ Ensure processes ar	re in alignment with established	guidelines (where they exist)	and are achieving intende	ed outcomes (goals, objectives)			
☐ Make process chang	ge recommendations						
	ies for/suggest recommendation	as to improve enterprise proces	sses				
Monitoring (check a	all that apply)						
☐ Collect and analyze	process data to detect deficient	t process performance or outco	ome including duplicated	efforts, control activity failures, extravagance,			
fraud, or non-compl	liance with laws, regulations, or	r management policies -Repor	t to management on the a	dequacy and effectiveness of enterprise processes			
☐ Examine manageme	ent processes within an enterpr	ise IT-related areas of activity,	to monitor their performa	ance and achievement of objectives			
☐ Carry out research a	and data collection to understar	nd enterprise performance, spe	cifically how enterprise p	processes contribute to business			
goals and objectives	S						





Verifier's Signature

Verific	ation of Work Experience Form (p	age 1 of 2)					
Applica	nt Name:		ISACA II)#		-	
	Last/Family Name	First/Given Name	Middle Initial				
Applica	nt email address:	A	Applicant phone number				
Verifier	Name:						
Sectio	n E—Request for Work Experience	e Verification					
I,	(Printed Name)	, am applying throu	gh ISACA to be a COBIT Certified Ass	essor.			
individu	my work experience and related process all verifying the work experience must be I currently or once worked as an indeper	an independent verifier and not	of any relation to the applicant nor can	the applicant			
the COl	appreciate your cooperation in completin BIT Certified Assessor process based activations concerning this form, please direct	vities on page V-2. Please return	the completed forms to me for my sub				
Applicant	's Signature	Date					
	Name:onal Title:						
Compar	ny Name						
Address	s						
	City	State/Province/	Country	Postal Code			
Verifier	E-mail:		•				
	esting to (verifying) the employment exper	rience listed on page A-1. Enter er	mployer name(s). List all that apply to the	us verification:	:		
1.	I have functioned in a supervisory or of	ther related position to the applic	ant and can verify his/her	☐ Yes	□ No	□ N/A	
2.	work experience (see Section A). I can attest to the duration of the applic If no, I attest to experience only from _			☐ Yes	□ No	□ N/A	
3.	I can attest to the duration of the applic with my organization.	eant's work experience on this ap	plication prior to his/her affiliation	☐ Yes	□ No	□ N/A	
4.	I can attest that the activities performe are correct to the best of my knowledge		n the verification form page V-2,	☐ Yes	□ No		
5.	I can attest to the fact that the applicant form page V-2.	t is competent in performing the		n	□ No		
6.	Is there any reason you believe this app	plicant should not be awarded the	COBIT Certified Assessor?	☐ Yes	□ No		

Date





Verification of Work I	Experience Form (page 2 of 2)		
Applicant Name				ISACA ID #
	Last/Family Name	First/Given Name	Middle Initial	
Verifier Name:				
COBIT Certified	Assessor Process E	Based Activities		
	-	_		ing, running, and/or monitoring (PBRM) of IT
processes. Please indic	cate with an (x) in each box w	which of the following activiti	es you performed to be	confirmed by the verifier.
Planning (check all	that apply)			
	te process structure for the man	nagement and governance of I	Γ	
	riate roles, responsibilities, and	-		ss operation/execution
•	ecific processes are required for		•	
☐ Interview process o	wners, enterprise employees, n	nanagement, and other stakeho	lders, present findings to	enterprise stakeholders
Building (check all t	hat apply)			
• •		nine if new processes being de	veloped will perform as	required and deliver the intended outcomes
-	ocess issues and form hypothe	sis and potential solution option	ns	
☐ Implement accepted	l solutions and ensure that the e	enterprise receives the anticipat	ed benefits	
Running (check all t	that annly)			
		guidelines (where they exist) a	and are achieving intende	ed outcomes (goals, objectives)
☐ Make process chang	_		C	3
☐ Identify opportuniti	es for/suggest recommendation	s to improve enterprise process	ses	
Monitoring (check a	ıll that apply)			
☐ Collect and analyze	process data to detect deficient	process performance or outco	me including duplicated	efforts, control activity failures, extravagance,
-	_		-	dequacy and effectiveness of enterprise processes
_	-	<u>-</u>	_	ance and achievement of objectives
☐ Carry out research a goals and objectives		d enterprise performance, spec	cifically how enterprise p	rocesses contribute to business





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