



Application for CIPA Examination

You must be a member of the Identity Management Institute (IMI) to be able to apply for and take the Certified Identity Protection Advisor™ (CIPA) exam. If you are not a member, please submit a completed membership application with this application. The non-refundable fee for the exam is \$100 (the exam fee also includes the study guide). In order to successfully pass the test, you need to correctly answer 70% of all 100 questions (there is no penalty for guessing). If you fail to pass the exam, you can retake the test at any time which costs \$100. Membership and test application fees are non-refundable.

Process: Upon receipt of your applications, you will receive an online payment voucher for the appropriate membership and/or exam amount if your application does not include a check with the appropriate amount. This process is introduced to avoid collection and retention of your credit card numbers on the applications. Upon receipt of your payment, you will be sent the study guide. To take the test, you must request an authorization to take the test when you are ready. Your online test and password will be sent to you shortly after your request is received.

First Name: ----- Middle Name: ----- Last Name: -----

Permanent Email (must be the same as on the membership application) -----

(If you are not yet a member, please attach a completed membership application form to your exam application).

The CIPA examination consists of 100 multiple choice questions in the following Critical Risk Domains (CRD):

1. AWARENESS
2. RIGHTS & OBLIGATIONS
3. CREDIT CARDS
4. COMPUTERS AND INTERNET
5. HOME AND OFFICE
6. TRAVEL
7. FINANCES
8. PASSCODES
9. CLASSIFICATION AND ORGANIZATION
10. DETECTION AND RESOLUTION



I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information and release all concerned from any liability in connection therewith. I hereby apply for the Certified Identity Protection Advisor™ (CIPA) examination, and affirm I have read and understand the qualifications for certification and membership. I agree to abide by the Identity management Institute's rules, regulations, code of ethics and to promote the Institute's objectives and purpose. I understand that providing false information in any of the IMI applications are sufficient grounds for denial of membership, denial of certification or expulsion from the Identity Management Institute, when false or misleading information is discovered.

Full Name: -----

Please print your FULL name.

Signature----- Date-----

Please send your completed application to Identity Management Institute accompanied by a check with the appropriate amount. If you prefer to pay by credit card, your payment voucher will be sent to you after your application is reviewed and accepted for processing. You may scan and email your application to info@theimi.org, fax to (800) 254-0178 or mail your completed applications to the address below:

Identity Management Institute
20555 Devonshire Street
Suite 366
Chatsworth, CA 91311- USA