



Application for CIRM Certification

Experienced professionals with identity risk management responsibilities who are members of the Identity Management Institute may become a Certified Identity Risk Manager™ (CIRM) by completing and submitting this application which is used to assess a candidate's qualifications for the CIRM designation. In this application, candidates must demonstrate 100 pre-qualifying points including at least 4 years of experience in one or more areas of the CIRM Critical Risk Domains (CRD) and submit a written risk management statement.

Critical Risk Domains (CRD)

Identity management practices throughout an organization strive to ensure an identity is *complete, accurate, valid, approved, readily identified, secured, granted proper logical and physical access, monitored through its lifecycle, and deactivated upon its useful life.*

The Critical Risk Domains (CRD) highlight the areas of responsibilities for a Certified Identity Risk Manager™ (CIRM) as follows:

1. GOVERNANCE & MANAGEMENT
2. INTERNAL CONTROLS
3. TECHNOLOGY MANAGEMENT
4. AWARENESS & TRAINING
5. ACCESS MANAGEMENT
6. RISK ASSESSMENT
7. COMPLIANCE
8. AUDITING & MONITORING
9. COMMUNICATION
10. INCIDENT MANAGEMENT

Application

First Name: ----- Middle Name: ----- Last Name: -----
Email (must be the same as on the membership application) -----

(If not a member, please attach a completed membership application)

100 Pre-Qualifying Point System

Post high school college education = 10 points per year
Each active professional certificate = 10 points
One year of professional experience = 10 points



Education

1. College or University:
Degree Earned:
Year of Graduation:
Years of College Education * 10 points =

2. College or University:
Degree Earned:
Year of Graduation:
Years of College Education * 10 points =

Total Education Points =

Work Experience (must include at least 4 years)

1. Current Employer: -----
Your Job Title: -----
Dates Employed: -----
Years of experience * 10 points = ----- Points
Critical Risk Domains (CRD) experience by percentage (i.e., risk assessment 10%, etc.):

Employer Address: -----
City: ----- State: ----- Zip: -----
Supervisor Name: -----
Supervisor Title: -----
Supervisor Contact: -----

2. Previous Employer: -----
Your Job Title: -----
Dates Employed: -----
Years of experience * 10 points = ----- Points
Critical Risk Domains (CRD) experience by percentage (i.e., incident management 10%, etc.):

Employer Address: -----
City: ----- State: ----- Zip: -----
Supervisor Name: -----
Supervisor Title: -----
Supervisor Contact: -----

Total Experience Points =

Note: A minimum of 4 years experience is required in one or more of the CIRM CRD as described above. Add additional sheets to document other prior experiences.



Professional Certifications (i.e., CISA, CIA, CISM, CISSP)

Certification (10 points):
Year Certified:
Certificate Number:
Currently Valid?

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Year Certified:
Certificate Number:
Currently Valid?

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Year Certified:
Certificate Number:
Currently Valid?

Certification (10 points):
Year Certified:
Certificate Number:
Currently Valid?

Total Certification Points =

Total Education, Experience and Certification Points (must be 100 points) = -----

Written Statement

This section is used to assess a pre-qualified candidate's practical skills in managing identity risks in any of the CIRM Critical Risk Domains. You may write your statement in this application or use a separate sheet and submit with this application. Your written statement must be original content, reflect your own thoughts and experiences, directly and specifically address the question, and be free of major errors and well organized to allow an assessor or reader to understand the proposed risk and related solution. Please avoid including business confidential information in your statement.

- 1- Describe a current or future identity risk as it relates to your function, your organization and/or the society? (Please use 100 words or more to describe the risk, its origination, cause or reason for being and impact)
- 2- Describe your experience or proposal for managing the current or future identity risk highlighted in the question above. (Please use 200 words or more to describe your experience or proposed plan for managing the risk)
- 3- Why do you intend to become a Certified Identity Risk Manager™ (CIRM)? Describe how a CIRM designation can improve your professional life and support your contributions to the society.
- 4- Do you allow IMI to anonymously post your content to its proprietary websites and blog and share your identity risk information with other members without sharing your private and confidential information if your application is accepted? Your answer to this question will not affect IMI's assessment of your eligibility to become a CIRM.

--- Yes --- No



Attestation

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 Risk Manager™ (CIRM) designation and affirm I have read and understand the qualifications for certification and membership. I attest that the written statement section of this application is original content, has been completed by me and reflects my own professional experience and opinion. I agree to abide by the IMI's rules, regulations, code of ethics and to promote the Institute's objectives and purpose.

I understand that providing false information in 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. The non-refundable fee for the CIRM application assessment is \$100 and you must be a member. If you are not yet a member, you may submit your membership application and fees along with this application. Membership and CIRM application fees are non-refundable.

You may email your application to info@theimi.org, fax to (800) 254-0178 or mail your completed applications to the address below:

Identity Management Institute
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Suite 366
Chatsworth, CA 91311- USA