



Petition for CIRM Certification

For a limited time, experienced identity management professionals who are members of the Identity Management Institute may petition to become a Certified Identity Risk Manager™ (CIRM) without taking the exam. This form is used to assess your qualifications for the CIRM designation. You must have at least 4 years of corporate identity and access management related experience in one or more areas of the CIRM Critical Risk Domains (CRD), and, demonstrate a total of 100 qualifying points to earn the designation under the grandfathering provisions as follows:

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

The CIRM Critical Risk Domains (CRD) are:

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

Please write clearly to avoid any processing delays.

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 form to your petition)

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., risk assessment 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):	Certification (10 points):
Year Certified:	Year Certified:
Certificate Number:	Certificate Number:
Currently Valid?	Currently Valid?

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



Total Certification Points =

Total Education, Experience and Certification Points =

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 petition for the Certified Identity Risk Manager™ (CIRM) designation and affirm I have read and understand the qualifications for certification and membership. 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 applications to IMI as follows:

- 1) Scan your documents and email to info@theimi.org, or
- 2) Fax to **(800) 254-0178**, or
- 3) Mail to:

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