

Certification Retirement Application

Please use Adobe Reader when filling out this application electronically.

APPLICANT INFORMATION

FULL NAME: _____

ISACA ID: _____

EMAIL: _____

PHONE NUMBER: _____

APPLICABLE CERTIFICATION(S)

Please list the certification(s) for which you are requesting retired status:

CERTIFICATION(S): _____

RETIREMENT AGREEMENT

I am applying for the certification retired status based upon the following criteria (*check one*):

- ☐ I am unable to perform the duties of my certification's profession by reason of permanent disability.
- ☐ I am over the age of 55 and permanently retired from the profession but wish to retain my designation(s) in retired status.

I understand that if granted the retired status, my certification(s) will remain permanently in Retired Certification Status and annual certification maintenance fees will no longer be required. When reporting my certification status, I agree to use "(Retired)" behind the designation(s).

To regain active status, I understand that I will need to retake the exam and resubmit an application for certification. I understand that I will not be able to claim the active status until my application has been approved.

APPLICANT SIGNATURE: _____

DATE: _____

Please note: Certified individuals in retired status cannot use the certification designations on business cards.

HOW TO SUBMIT YOUR APPLICATION

Please submit this application to ISACA through our support page at <https://support.isaca.org>

Product: **Certifications & Certificate Programs**

Category: **Retired Status**