

# Certification Return-to-Active 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 active status:

CERTIFICATIONS: \_\_\_\_\_

## RETURN-TO-ACTIVE REQUIREMENTS

To return to active:

- For a certification in non-practicing status for **fewer than two calendar years**, please submit (with this application) supporting documentation of **20 CPE** credits earned within the past calendar year.
- For a certification in non-practicing status for **two calendar years or more**, please submit (with this application) supporting documentation of **120 CPE** credits earned within the past three consecutive calendar years and complete the *Verification of Work Experience Agreement* section below.

By signing below, you are confirming you wish to return your applicable certification(s) to active status.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## VERIFICATION OF WORK EXPERIENCE AGREEMENT

*If you have effectively been in non-practicing status for two calendar years or more, please have your manager/supervisor verify at least one full year of relevant work experience by signing below:*

VERIFIER NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_

By signing below, your verifier is attesting to having functioned in a manager/supervisory position to you, the applicant, and that they can verify your work experience in the relevant field of your designation(s) for the past 12 months.

VERIFIER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## HOW TO SUBMIT YOUR APPLICATION

Please submit this application with all supporting CPE documentation online at: <https://support.isaca.org>

Product: **Certifications & Certificate Programs**

Category: **Non-Practicing & Return to Active**