



# ISACA Authorized Cybersecurity Training Partner Application

Please complete this application to indicate your interest in becoming an ISACA Authorized Cybersecurity Training Partner. Please then email completed application to [sales@isaca.org](mailto:sales@isaca.org). After receipt, a representative from ISACA will review and contact you to provide program details.

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Headquarter address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Website URL \_\_\_\_\_

Primary contact and position \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Accounts payable contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Sales and marketing contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Type of organization:

- Training organization
- IT consultant/VAR/reseller
- University/community college
- Software developer
- Government agency
- Corporate in-house university
- Other \_\_\_\_\_

Size of organization:

(# of employees and offices):  
Employees \_\_\_\_\_  
Offices \_\_\_\_\_

ISACA Cybersecurity

Training Programs that you have an interest in:

- Cybersecurity Fundamentals
- CSX Practitioner Exam Prep

Project use/sales volume number of expected trainees within next 12 months:

\_\_\_\_ Cybersecurity Fundamentals  
\_\_\_\_ CSX Practitioner Exam Prep

Number of potential Cybersecurity trainers:

\_\_\_\_ Cybersecurity Fundamentals  
\_\_\_\_ CSX Practitioner Exam Prep

Training use details:

(how you plan to use the training materials):

- Train Commercially
- Train Internally
- Other \_\_\_\_\_



## ISACA Authorized Cybersecurity Training Partner Requirements

In order to be considered as an ISACA Authorized Cybersecurity Training Partner your organization must agree to the following requirements;

- > Purchase (prepay) 20 training kits for each training course level in which you wish to be approved upon signing the Authorized Channel Partner Agreement (e.g. Cybersecurity Fundamentals, CSX Practitioner
- > Use only ISACA Authorized trainers. All Authorized trainers must meet specific eligibility requirements (see below).
- > Offer and run a minimum of 3 courses annually for each training level offered

## ISACA Authorized Trainer Requirements

To be eligible to be trained as an ISACA Authorized Trainer must be an Authorized Training Organization or sponsored by an Authorized Training Partner, each trainer must meet the following criteria.

General Knowledge/Skill/Experience:

- > Minimum of 5 years of information/cybersecurity experience
- > Hold a professional certification that demonstrates knowledge of the topics within the domain areas specified in the course descriptions. Among certifications that qualify are:
  - Certified Ethical Hacker (CEH)
  - EC-Council Security Analyst (ECSA)
  - GIAC Penetration Tester (GPEN)
  - GIAC Web Application Penetration Tester (GWAPT)
  - GIAC Certified Incident Handler (GCIH)
  - GIAC Exploit Researcher and Advanced Penetration Tester (GXPN)
  - GIAC Penetration Tester (GPEN)
  - GIAC Certified Forensic Analyst (GFCA)
  - GIAC Certified Perimeter Protection Analyst (GPPA)
  - GIAC Reverse Engineering Malware (GREM)
  - GIAC Certified Enterprise Defender (GCED)
  - GIAC Security Expert (GSE)

Training Knowledge/Skill:

- > Minimum of three years training experience in a technical environment: CompTIA CTT+ preferred

Specific Knowledge/Skill

- > Pass and hold the relevant ISACA certificate, or certification at the level in which the trainer will train
- > Complete a train the trainer session at the level in which the trainer will train (at which time the trainers technical competency and training skills will be assessed)

## Attestation

By returning this form, I attest that the information provided in this application is true and accurate. I acknowledge that untrue or inaccurate information provided in this application is basis for ISACA to reject the Application.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

1. Complete Application Form
2. Save to your desktop
3. Email to [sales@isaca.org](mailto:sales@isaca.org)

