

CCSE APPLICATION FORM

Certified Cyber Security Examiner

Applicant's Full Name: _____

Professional Information

Title: _____

Organization Name: _____

Address: _____

Business Phone: _____

E-Mail Address: _____

Employment Start Date: _____

Length of Service at _____

Current Title: _____

Personal Information

Home Address: _____

Home Phone: _____

Home Email: (optional) _____

Formal Training Completed: Please include course name, the organization offering the course, date of completion, and grade earned, if applicable. A separate page may be attached.

Other Information:

(Please furnish any additional information that you feel provides evidence of the successful completion of appropriate coursework or its equivalent, appropriate on-the-job experience, and/or satisfactory performance of key skill areas required at the level of certification for which you are applying. A separate page may be attached.)

By signing below, I hereby declare that all information provided in this application is accurate and true. Furthermore, by signing I agree to indemnify and hold harmless the CSBS Education Foundation, its trustees, officers, employees, agents and representatives, for all acts pursuant to the Certification Program and this application other than those adjudicated by a court of competent jurisdiction to have been grossly negligent or to constitute willful misconduct.

Signature: _____

Date: _____

ATTESTATION FORM FOR CCSE CERTIFICATION

Part 1: Numerical Rating

Rate the applicant on a scale of 1 to 10 (1=poor, 5=average, 10=superior) for each of the following four categories*:

TECHNICAL - Determine the effectiveness of an institution's cyber security risk identification and management process:

- Understand the terms "data at rest" and "data in transit/motion" and the technology used to secure both
- Assess institution's mitigating controls and implementation plan
- Assess institution's risk monitoring and reporting processes
- Assess institution's corrective action processes
- Make appropriate control recommendations to reduce institutional risk

Rating: _____

CONCEPTUAL - Provides effective and accurate evaluation of the overall activities of the institution's IT/IS/cyber security function:

- Effectively demonstrates knowledge of policies, procedures, laws, rules and regulations
- Effectively follows established examination procedures to collect and analyze data
- Effectively evaluates the adequacy of security policies and standards relative to the risk profile of an institution
- Develops correct conclusions from collected data
- Effectively reviews reports for accuracy, content, conclusions, and proper grammar
- Effectively evaluates and adjusts scope of examination as each situation requires
- Effectively demonstrates understanding of recommendations and is able to provide source documentation to address issue or practice

Rating: _____

ORGANIZATIONAL - Provides effective organization to the examination process:

- Effectively adheres to agency and federal examination procedures and policies
- Effectively recommends and organizes examination tasks
- Ensures pre-examination planning and requests are successfully completed in a timely manner
- Organizes and effectively documents workpapers according to prescribed procedures

Rating: _____

LEGAL/COMPLIANCE - Demonstrated knowledge of applicable laws/regulations and ability to apply knowledge to the examination process.

Rating: _____

HUMAN RELATIONS - Provides effective oral and written communications:

- Effectively and clearly communicates assignments to assisting personnel
- Effectively and clearly communicates with financial institution personnel to obtain information
- Effectively and clearly communicates examination findings to financial institution and to supervisory personnel
- Effectively prepares written comments which are accurate, grammatically correct, logically arranged, and factually support any conclusions drawn
- Effectively coordinates examination planning and execution with other state and federal supervisory authorities as needed

Rating: _____

*In assigning ratings, consideration must be given to both the above category definitions and the criteria listed under the appropriate candidate skill and ability guidelines noted in the certification program. Some ratings may be non-applicable or of greater/lesser importance, depending upon the level of certification.

Part 2: Narrative Support for Assigned Ratings

Briefly state the basis for and meaningfully support each of the ratings assigned above. Again, consideration must be given to both the above category definitions and the **criteria listed under the appropriate candidate skill and ability guidelines**. (Note: A separate page may be attached for the narrative portion of the attestation; however, please limit the narrative to one page maximum.)

I, the undersigned, recommend the named individual for the level of certification indicated. (Note: By signing this document, the undersigned attests to the fact that all representations made in the document are accurate and true.)

Supervisor Signature: _____

Supervisor Name: _____

Supervisor Title: _____

Date: _____

Email Address: _____

Commissioner/Director Signature: _____