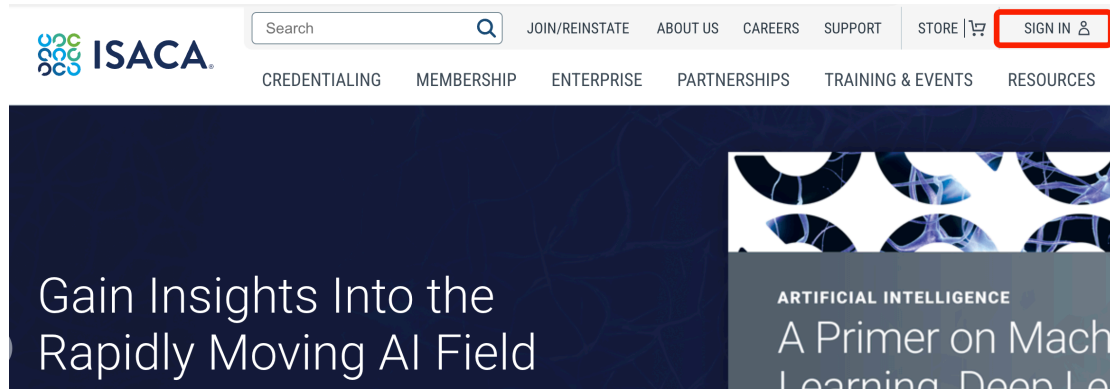


CISA/CRISC/CISM/CGEIT/CDPSE - 报考指南

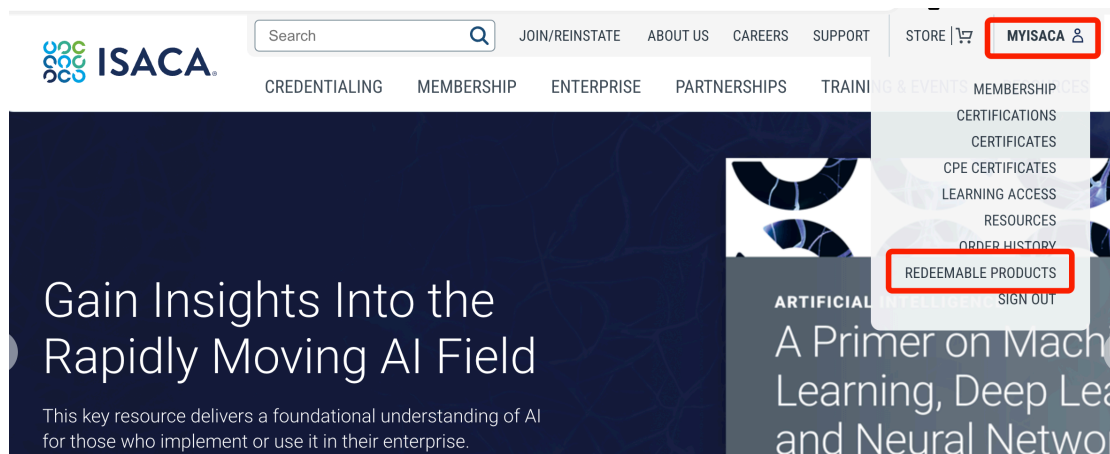
在执行下面的操作之前，请您确认已经从 ISACA 中国官方授权机构获取考试资格，并收到考试资格确认的邮件（如下图）。



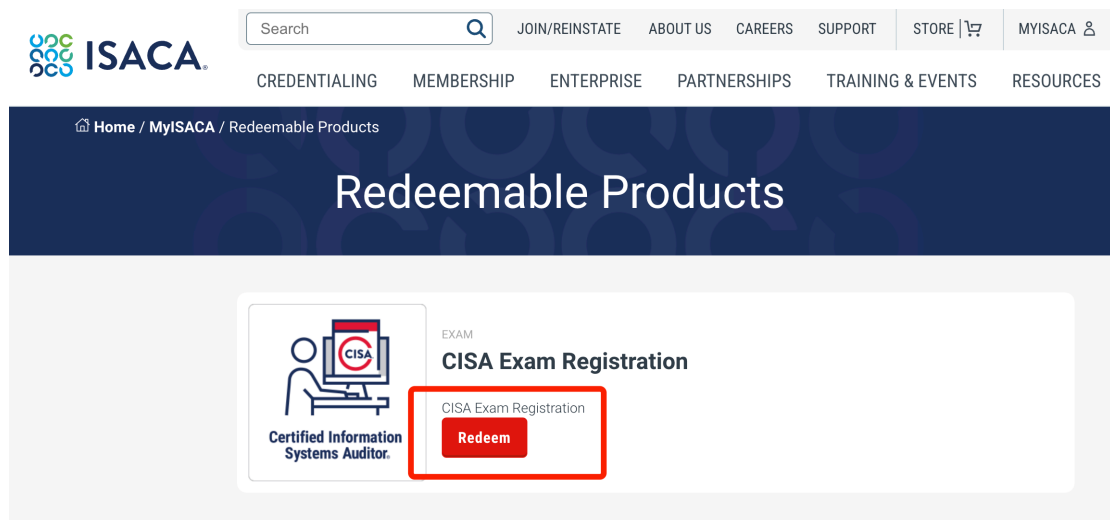
确认收到上图邮件之后，在 ISACA 全球官网 <https://www.isaca.org/> 登录您的 ISACA 全球网站账号。



登录之后，在右上方找到“MYISACA”，显示下拉菜单之后，点击“REDEEMABLE PRODUCTS”。



出现下图界面之后，请点击“Redeem”进入信息填报界面。



进入信息填报界面，请用英文填写所有红色“*”信息，并注意拼写与英文格式，姓名必须为您中文证件名字的拼音，必须与身份证姓名一致，注意名字在前，姓氏在后，并注意首字母大写（若“Government Issued ID”处的填写与实际身份证件不符，有可能会在考场被拒绝参加考试）。

REGISTER

Qualifying Questions

Personal/Professional Information

The pre-populated information below is what ISACA currently has on file. This information, and any additional information you provide, will be used as described in our [Privacy Policy](#).

All required fields are denoted by an asterisk.

Prefix
--None--

First Name *

Last Name *

Suffix
--None--

填写您的联系方式，特别是邮箱和联系电话，请填写常用邮箱并正确填写，否则可能导致后续证书发放时无法与您取得及时的联络。

Email *

Mobile/Other Phone

Contact Information

Professional Information

Organization *

Level of Education *

Job Title *

Industry *

Current Professional Activity *

注意，请务必在“Preferred Certificate Name”处正确填写您的名字，该名字将体现在证书上，建议按照英文格式填写您的中文姓名拼音（名字在前，姓氏在后），不可以填写中文，否则证书姓名处将显示为乱码。请仔细阅读相关政策与条款之后，在“I Accept”，前面打“✓”，并点击“Next”进行下一步。

Primary Job Responsibility*

Years Experience*

Size of IT Security Staff*

Size of IT Staff*

Organization Size*

Preferences

Preferred Certificate Name

I agree to the [ISACA Exam Security Terms and Code of Professional Ethics](#)

I Accept*

Cancel Previous Step Next

请填写您的地址（公司，家庭都可以），填写时请注英文格式，顺序尽量按照，国家，省份，市区，街道（原则上在这里可以不需要填写的过于详细，比如小区或单元以及门牌号，可以选择不做填写）。填写之后，点击“Next”。

REGISTER

Home Address

*Address

Enter Address Manually

Cancel Previous Step Next

进入考试偏好选择的界面。

特别提醒，受限于跨境互联网连通性问题，目前 ISACA 提供的远程考试的用户体验不理想。我们强烈建议您采用去线下考点考试的方式。如果您坚持采取远程考试的方式，也请务必提前按要求下载浏览器插件，并测试系统环境。考生须在在线考试中可能出现的网络连通性问题及其影响，和最终可能导致考试成绩不理想的后果做好充分的物理和心理准备。如果您想参加远程线上考试，请在此点击“compatibility check”并按照指引完成报考前的系统测试，并勾选下方选项。


如果因为身体缺陷等问题需要特殊的考试设备请勾选“I have a disability which requires special accommodations during the exam”，如无，请不要勾选。

REGISTER

Exam Preferences

Remote Proctoring

If you want to take advantage of online remote proctoring, your system must meet all requirements prior to completing the registration process. Run a [compatibility check](#) with our exam administrator (PSI).

My system passes the compatibility check/I plan to take my exam at a test center 

Testing Accommodations by Special Request

If you have a disability requiring certain testing accommodations, such as extended testing time, special exam presentation, or having food and drink during the exam, you can request special accommodations.

By checking the box below, you will be sent special instructions on how to schedule your exam. You will need to submit the [Special Accommodations Request Form](#). ISACA will need to approve your request and provide further instructions to scheduling your exam.

I have a disability which requires special accommodations during the exam.

此处为非必填选项，若您不希望把您的信息共享给您所在地的 ISACA 分会（目前中国只有香港分会与澳门分会）可以不做勾选。点击“Next”。

I understand that by checking the box I cannot schedule my exam until I submit the Special Accommodations Request Form and ISACA approves the request.

Local Chapter Release

Chapters may use this information for promoting chapter sponsored activities, including exam study courses.

I authorize the release of my contact info to my local ISACA chapter

Cancel

Previous Step

Next

然后点击“Continue”。

REGISTER

Purchase Validation

Continue

直接点击“Check Out” 进行下一步。



Purchase Membership

Save on this purchase by becoming an ISACA member. (Not applicable for CMMI exam registrants)

Join as a Member

Checkout

确认右侧“item”显示应付金额为“0”之后，点击“Continue”进入下一步。

Home Address

Dong Huan Yi Lu, Long Hua Qu, Shen Zhen, Guangdong, China, 518109

Enter Address Manually

Preferred Billing

Preferred Mailing

Business Address

search...

Enter Address Manually

Preferred Billing

Preferred Mailing

Continue

By clicking the Continue button and completing this transaction, you are agreeing to the [ISACA TERMS OF USE](#).

Order Summary

Items (1): 0

Due at Checkout: **Calculated at Checkout**

If the purchase is to be used or consumed in carrying out the operations of an exempt entity or purchased for resale, validation of tax exemption is required prior to placing an order. Please contact the Tax Department at tax@isaca.org to validate tax exemption.

[Click here to view the Refund Policy](#)

确认姓名拼写与电话无误之后，请点击“Proceed to Billing”。

First/Given Name

[Redacted]

Family Name/Surname

[Redacted]

Phone

[Redacted]

+ New Address

Home Address Shen Zhen, Guangdong, 518109, CN [Edit](#)

If the purchase is to be used or consumed in carrying out the operations of an exempt entity or purchased for resale, validation of tax exemption is required prior to placing an order. Please contact the Tax Department at tax@isaca.org to validate tax exemption. [Click here](#)

Donate





Support the Future of the Digital World

Would you like to make a donation in support of ISACA foundation?

Proceed to Billing

确认地址信息之后，请点击“Confirm Order”。

← Shopping Cart Checkout

1. Tax Address	Order Summary
 Shen Zhen,Guangdong,CN 518109	Items (1): 0
2. Choose a Payment Method	Due at Checkout: 0
There is no payment due. Click the button below to complete your order. <div style="text-align: center;">Confirm Order</div>	Shopping Cart
	 CISA Exam Registration 0 Quantity: 1 List Price \$760.00

显示付款完成之后，即可在 ISACA 全球官网首页点击“**My ISACA**”进入“**Certifications & CPE Management**”界面进行考试预约。



Payment Successful

Your payment of **\$0.00** was successfully completed.

Put your message here for Exam Instruction

[View Receipt](#)