



Certificate Conversion Request

Re: Request for conversion of the IAM & IEM certification to the ISAM certification and payment form.

I, _____, am requesting to receive a conversion from the NSA IAM and IEM certificate into an ISATRP Information Security Assessment Methodology (ISAM) certification.

I attended the IAM on _____ and the IEM on _____.

- I understand that there is a One-time Fee of \$100.00.
- I will submit this completed form as well as evidence of the IAM and IEM certification.
- I understand that Security Horizon will not be able to reprint copies of NSA IAM / IEM certificates. In order to receive the conversion I will need to provide proof of IAM/ IEM certification.
- I understand that 24 hours of continuing education are required annually to maintain the ISAM certification and that it is my responsibility to document compliance.
- I understand that my name maybe listed at isatrp.org if I so choose.
- I also understand that completion of the IAM only is not qualification enough to receive the ISAM certification. Both the IAM and the IEM courses must have been completed and evidence of certification provided.

Signature: _____ Date: _____

Name as you would like it on your certification: _____

Address to Mail the ISAM Certificate/Certification Information:



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Authorization of Payment for Certificate Conversion

Please use one of the following methods of payment:

1. Complete this form and fax to (719) 268-1709 or,
2. Let us know a good time and location to contact you in the next 5 business days to get your credit card information via phone.
3. Send Business Check made payable to: Security Horizon Inc, 5350 Tomah Drive, Suite 3200, Colorado Springs CO 80918.

Please DO NOT send credit card information through regular email.

Information Needed:

Name of Certificate Holder: _____

Card Type (We accept VISA, MasterCard, and American Express) _____

Credit Card Number: _____ Exp Date: _____

Complete Name as shown on the card: _____

Company Name: _____

Complete credit card statement address: _____

Phone Number: _____ Email Address for Receipt: _____

Total Amount Authorized: \$100.00

I hereby affirm that I am legally authorized to charge the indicated credit card and do hereby authorize Security Horizon Inc to bill the above credit card for the indicated service at the indicated cost.

Signature: _____ Date: _____