Appendix D QSA Employee Application

For each individual applying for qualification as a QSA Employee (each a “Candidate”), the QSA Company or applicant QSA Company employing such individual (the “Company”) must submit to PCI SSC a copy of this QSA Employee Application, completed and executed by such Candidate.

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| **Company Information** |
| Company Name: |   |
| **Candidate Information** |
| Name: |   | Job Title:  |   |
| Telephone: |   | E-mail: |   |
| Business Address: |   | City: |   |
| State/Province: |   | Country: |   | ZIP: |   |
| URL: |   |

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| **QSA Employee Skills, Experience and Education** |
| Provide examples of the Candidate’s work and/or description of experience in the following areas of expertise (requires at least one year in each area): |
| Examples of work and/or description of experience in **network security** (for example, administration of firewalls, intrusion prevention systems, etc.):  |
| From (date):  | To (date):  | Total time: Years Months  |
| Examples of work and/or description of experience in **application security:**  |
| From (date):  | To (date):  | Total time: Years Months  |
| Examples of work and/or description of experience in **systems integration and security:**  |
| From (date):  | To (date):  | Total time: Years Months  |
| Examples of work and/or description of experience in **auditing information systems and processes:**  |
| From (date):  | To (date):  | Total time: Years Months  |
| Examples of work and/or description of experience in **information security risk assessment or risk management:**  |
| From (date):  | To (date):  | Total time: Years Months  |

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| **Candidate Professional Certifications (check all that apply):** |
| **[ ]**  | **(ISC)2** CISSP | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | **ISACA** CISM | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | **ISACA** CISA | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | **SANS** GIAC/GSNA | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | IRCA Auditor | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | **IIA** CIA | **Certification number:**  | **Expiry date:**  |
| **[ ]**  | ISO 27001, Lead Auditor/Implementer, Internal Auditor | **Certification number:** **Accredited certification body:**  | **Date achieved:**  |
| **[ ]**  | **METI RISS**  | **Certification number:**  | **Date achieved:**  |

***NOTE:*** *“In process” certifications, where the certification number has not yet been issued, do not meet the requirement.*

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| **Signature** |
| By signing below, I hereby acknowledge and agree that:1. The information provided above is true, accurate and complete;
2. I have read and understand the QSA Qualification Requirements and will comply with the terms thereof; and
3. I have read and understand the PCI SSC Code of Professional Responsibility, and will advocate, continuously adhere to and support the terms and provisions thereof.
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| Candidate: |   | Title: |   |
|  |   |
| *Candidate signature*  | *Date*  |