



PARTNERSHIP APPLICATION

for Training Provider or Academics

Application Date

APPLICANT INFORMATION

Full Name:

Address:

Role/Job Title:

City:

State/Province:

Company Name:

Zip Code:

Company Size:

Email:

Company Type:

Phone:

Website:

How many years has your company...

year(s) in operation

year(s) offering training

year(s) offering IT/cybersecurity training

Select Region(s) where your organization has delivered training and specify countries/provinces/states/cities:

Asia-Pacific

EMEA

Latin America

North America

Select Region(s) where your organization would like to offer (ISC)² training and specify countries/provinces/states/cities

Asia-Pacific

EMEA

Latin America

North America

What (ISC)² trainings are you interested in offering?

CISSP	CC Certified in Cybersecurity	CCSP
CISSP Concentrations	SSCP	CSSLP
	CAP	HCISPP

If you became an (ISC)² Training Partner, how many training candidates do you estimate in the first three years:

YEAR 1

YEAR 2

YEAR 3

What training programs do you offer in the security and technology space?

What complimentary product lines do you offer?

What competing product lines do you offer?

What are your top 3 training offerings by category and within cybersecurity?

1.

2.

3.

What training delivery methods do you offer? (i.e. classroom, private classes, online)

What types of market coverage do you offer (by vertical/region/customer)?

Describe the technical expertise you have on staff:

Describe your instructor resources:

Describe your sales team structure and support:

Describe your go to market strategy:

**Describe your current sales and marketing activities for obtaining new business
(i.e. outside/inside sales teams, advertising, mailers, industry events):**

Describe any additional key USPs:

Thank You

for your interest in becoming an (ISC)² Official Training Provider.

Please submit completed application to otp@isc2.org. After receipt, a representative from (ISC)² will review and contact you to further discuss.