



Application for Candidate Sponsorship

When complete, send this form via email to partner-info@sei.cmu.edu. (Important: If you are not the Partner business point of contact (BPOC) for your organization, the BPOC must be copied when you email the form to partner-info@sei.cmu.edu.)

Agreement Partner Organization

Organization Name

Partner Business Point of Contact

<input type="text"/>	<input type="text"/>
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Name

Email

Phone Number

Candidate to Be Sponsored

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name (Family Name)

First Name (Given Name)

Middle Name

<input type="text"/>	<input type="text"/>
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Phone Number

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address

City

State

Zip/Postal Code

Sponsorship Information

Please select the role of the sponsored candidate:

CERT Information Security

CERT/CC Instructor
OCTAVE Instructor

Insider Threat

Insider Threat Vulnerability Assessor
Insider Threat Program Evaluator

By submitting this form to the SEI, the Agreement BPOC agrees to sponsor this candidate in accordance with the Agreement Partner's Licensing Agreement with the SEI.

It is the responsibility of the Agreement BPOC to notify the SEI (partner-info@sei.cmu.edu) if the Agreement Partner discontinues its sponsorship of any Authorized Individual or Authorization Candidate within 30 days of the effective date of such change in sponsorship.