Certified Cyber Analyst/Operator (CCAO) APPLICATION FORM

Have you met v	with a UMBC Training Centers' Admissions Advisor?	□ Yes	□ No
First Name:			
Last Name:			
E-mail:			
Telephone:			
Address:			
City:			
State:			
Zip:			
Organization:			

NOTE: UMBC Training Centers does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, gender, age, marital status, physical disability, learning disability, political affiliation, veteran status or sexual orientation. Demographic information collected is for research purposes only.

DOB:		
Ethnicity:		
Gender:		
Veteran Status (If Applic	able):	
□ Active Duty	🗆 Veteran	🗆 Spouse/Dependent
□ Active Transitioning	□ Guard/Reserve	
Do you have a security cl	earance? 🛛 Yes 🗆 No	
QUALIFICATIONS:		
Education		
Choose the option that be	est describes your education to da	te:
🗆 High School		
🗆 Some College		
Associates Degree	Field/Discipline:	
Bachelors Degree	Field/Discipline:	
□ Masters Degree	Field/Discipline:	

Technical Training

Please list any technical training that you have previously attended:

Please select any professional certifications that you have obtained:

□ CompTIA IT Fundamentals □ CompTIA Network+ □ CompTIA A+ □ CompTIA Security+

Others:

Information Technology Experience

Choose the option that best describes you:

□ I am familiar with information technology as an end user

🗆 I am not an IT professional but I'm the go-to technical support for my family and/or friends

 \Box I am an IT professional with 1-3 years of experience

🗆 I am an IT professional with 4-6 years of experience

 \Box I am an IT professional with 7+ years of experience

Please describe your previous information technology working experience, if any.

Please select your areas of knowledge/expertise:

- \square PC / Device setup and troubleshooting
- □ Microsoft Windows administration/troubleshooting
- □ Linux administration/troubleshooting
- □ Setting up/troubleshooting networks
- □ Programming
- □ Working with software applications (ex. Microsoft Office)
- □ Other: _____

MOTIVATION:

What are the primary reasons you are interested in this program?

- \Box To begin a new career
- \Box To advance professionally
- \Box To earn professional certifications
- To build my technical competency in cybersecurity
- Other: ______

What draws you to the field of cybersecurity?

- \Box I like to solve problems
- □ My interest in technology
- □ My desire to help protect systems and data
- □ Career opportunities

Other: _____

PROGRAM(S) OF INTEREST:

Please select which programs you are interested in:

- □ Certificate in Cyber Foundations
- Certified Cyber Analyst/Operator Part Time
- Certified Cyber Analyst/Operator Full Time

When would you like to begin this program?

- \Box The next available cohort
- □ Within the next 3-6 months
- U Within the next 6-12 months

COMMITMENT:

Besides applying for this program, what have you done so far to explore your interest in cybersecurity?

If you are planning on working during this prog will you work? (drop down)	ram, on average, how many hours per week
□ None	🗆 11-25 hours per week
□ 1-10 hours per week	□ More than 25 hours per week
How much time will you be able to allocate to s	tudying and lab work per week outside of
class?	
□ None	🗆 11-25 hours per week

Is there anything that you know of that could prevent you from completing this program?

□ More than 25 hours per week

FINANCIAL PLAN:

 \Box 1-10 hours per week

What method(s) do you intend to use to pay for this program?

- □ Credit Card/Check/Cash
- □ VA Benefits/GI Bill
- □ Workforce Innovation and Opportunity Act (WIOA) Workforce funding
- 🗆 Private Loan
- □ Tuition Benefits/Employer
- 🗆 Payment Plan

APPLY TO THE CERTIFIED CYBER ANALYST/OPERATOR PROGRAM

Upon completion, please visit **info.umbctraining.com/applyccao** to upload your completed Application, resume and transcripts.