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## Cyber AB CMMC-CCA Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>Evaluating Organizations Seeking Certification (OSC) against CMMC Level 2 Requirements: This section of the exam measures skills of cybersecurity assessors and focuses on evaluating the environments of organizations seeking certification at CMMC Level 2. It covers understanding differences between logical and physical settings, recognizing constraints in cloud, hybrid, on-premises, single, and multi-site environments, and knowing what environmental exclusions apply for Level 2 assessments.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>Assessing CMMC Level 2 Practices: This section of the exam measures skills of cybersecurity assessors in evaluating whether organizations meet the required practices of CMMC Level 2. It emphasizes applying CMMC model constructs, understanding model levels, domains, and implementation, and using evidence to determine compliance with established cybersecurity practices.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>CMMC Level 2 Assessment Scoping: This section of the exam measures skills of cybersecurity assessors and revolves around determining the proper scope of a CMMC assessment. It involves analyzing and categorizing Controlled Unclassified Information (CUI) assets, interpreting the Level 2 scoping guidelines, and making accurate judgments in scenario-based exercises to define what assets and systems fall within assessment boundaries.</li> </ul>

Topic 4	<ul style="list-style-type: none"> <li>• CMMC Assessment Process (CAP): This section of the exam measures skills of compliance professionals and tests knowledge of the full assessment lifecycle. It covers the steps needed to plan, prepare, conduct, and report on a CMMC Level 2 assessment, including the phases of execution and how to document and follow up on findings in alignment with DoD and CMMC-AB expectations.</li> </ul>
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### **Cyber AB Certified CMMC Assessor (CCA) Exam Sample Questions (Q120-Q125):**

#### **NEW QUESTION # 120**

The assessor begins the assessment by meeting with the client's stakeholders and learns that multiple subsidiaries exist. In order to perform a complete assessment, the assessor must review documents from multiple entities as multiple, corresponding Commercial and Government Entity (CAGE) codes were provided. Which of the following entities may receive certification as a result of this?

- A. HQ organization, Host unit, and Supporting Organizations/Units
- B. HQ organization and Host unit
- C. HQ organization
- D. Host unit and Supporting Organizations/Units

**Answer: A**

Explanation:

Certification can only be granted to the legal entities that own the CAGE codes under assessment. If multiple CAGE codes are in play (HQ, host, and supporting units), and they are all included in scope, then all entities with corresponding CAGE codes that were assessed can be certified.

Exact Extracts:

\* CMMC Assessment Guide: "The CMMC certificate is issued to the legal entity (as identified by the CAGE code(s)) that was assessed."

\* "When multiple CAGE codes are presented, all in-scope entities must provide documentation and may be certified if assessed."

\* "Certification applies to the OSC legal entity (or entities) within scope, including HQ, host, and supporting units, as applicable."

Why other options are not correct:

\* A/B/C: Limit scope to only HQ or subsets, but the requirement is that all entities with provided and in-scope CAGE codes are eligible.

References:

CMMC Assessment Guide - Level 2, Version 2.13: Certification applicability to CAGE codes and organizational entities (pp. 3-5).

#### **NEW QUESTION # 121**

While conducting a CMMC Level 2 assessment at a 100-person manufacturing company, the assessor receives a yellow badge labeled "SPECIAL ACCESS." The assessor observes multiple badge types used by staff and visitors. The client explains that only three badge colors correspond to controlled access (with electronic access), while the rest are identifiers for seniority. How can the assessor BEST verify that the three colors are the only badges capable of accessing controlled areas for CUI-related activities?

- A. Interviewing CUI-cleared staff

- B. Reviewing standard operating procedures for badge issuance
- C. Borrowing a badge from another staff member and attempting to enter a controlled space
- **D. Reviewing retained electronic badge entry logs or audits thereof**

**Answer: D**

Explanation:

Verification of physical access controls under PE.L2-3.10.3: Physical Access Control requires evidence from records, logs, and audit trails. Reviewing access logs provides direct confirmation of which badge types grant entry into controlled areas. SOPs or interviews may support the claim but are indirect; testing physical entry is not an approved method for CCAs.

Exact extracts:

- \* "Assessment Methods - Examine: access control policy; physical access control system records; physical access audit logs."
- \* "Assessment Methods - Interview: staff may be interviewed, but interviews must be supported by documentary evidence."
- \* "Testing physical entry by assessors is not an authorized assessment method." Why the other options are incorrect:
- \* A/B: Interviews or SOP reviews may provide supporting context, but they do not prove operational badge restrictions.
- \* D: Assessors are prohibited from attempting physical bypass or entry tests.

References:

CMMC Assessment Guide - Level 2, PE.L2-3.10.3 "Physical Access Control."

### NEW QUESTION # 122

You are a CCA conducting a CMMC Level 2 assessment for an OSC. During the assessment, you discover that the OSC has implemented a practice using a temporary workaround due to a recent system failure. The workaround meets the practice's objectives, but it is not documented in their System Security Plan (SSP).

How should you evaluate this evidence?

- **A. Document the lack of SSP inclusion as an evidence gap and assess the practice based on the workaround's effectiveness.**
- B. Accept the workaround as sufficient evidence and score the practice as "MET" since it meets the objectives.
- C. Score the practice as "NOT MET" due to the absence of documentation in the SSP.
- D. Request the OSC to update the SSP to include the workaround before continuing the assessment.

**Answer: A**

Explanation:

Comprehensive and Detailed in Depth Explanation:

The CAP requires assessors to document discrepancies, such as undocumented workarounds, as evidence gaps and assess based on all available evidence, including effectiveness (Option B). Option A overlooks documentation requirements, Option C is premature without full assessment, and Option D involves consulting, which is prohibited.

Extract from Official Document (CAP v1.0):

\* Section 2.2 - Conduct Assessment (pg. 25): "Document discrepancies between implemented practices and the SSP as evidence gaps and assess based on all available evidence." References:

CMMC Assessment Process (CAP) v1.0, Section 2.2.

### NEW QUESTION # 123

In assessing an OSC's CUI handling practices, you learn they use an approved algorithm (AES-256) to encrypt the data to ensure its confidentiality. However, the encryption module they are using has not been validated under the FIPS 140 standard. The OSC believes that using an approved algorithm is sufficient to comply with the CMMC practice for CUI encryption requirements. Which of the following would be the most appropriate next step for the assessor?

- A. Recommend that the OSC switch to a different, approved algorithm
- **B. Interview personnel responsible for cryptographic protection to determine if FIPS-validated cryptography is used elsewhere in the organization**
- C. Test the encryption mechanism by attempting to decrypt the encrypted data without the proper keys
- D. Accept the OSC's implementation as compliant, given that they are using a strong encryption algorithm

**Answer: B**

Explanation:

Comprehensive and Detailed In-Depth Explanation:

SC.L2-3.13.11 requires "FIPS-validated cryptography for CUI." AES-256 alone isn't sufficient without FIPS

140 validation. Interviewing personnel (A) clarifies if validated cryptography is used elsewhere, aiding compliance assessment. Testing decryption (B) is impractical, switching algorithms (C) misses the validation issue, and accepting (D) ignores FIPS requirements. The CMMC guide prioritizes interviews for evidence gathering.

Extract from Official CMMC Documentation:

\* CMMC Assessment Guide Level 2 (v2.0), SC.L2-3.13.11: "Interview personnel to verify FIPS- validated cryptography usage."

\* NIST SP 800-171A, 3.13.11: "Assess cryptographic practices via interviews." Resources:

\* [https://dodcio.defense.gov/Portals/0/Documents/CMMC/AG\\_Level2\\_MasterV2.0\\_FINAL\\_202112016\\_508.pdf](https://dodcio.defense.gov/Portals/0/Documents/CMMC/AG_Level2_MasterV2.0_FINAL_202112016_508.pdf)

#### NEW QUESTION # 124

A CCA is conducting an interview with an OSC system administrator who admits that a required practice is not implemented because "we don't have the budget for it this year." The CCA notes this in their findings.

What principle of the CoPC does the CCA uphold by documenting this statement without offering advice?

- A. Information Integrity
- **B. Objectivity**
- C. Professionalism
- D. Confidentiality

**Answer: B**

Explanation:

Comprehensive and Detailed in Depth Explanation:

Documenting without advising upholds Objectivity (Option C), avoiding bias or consulting. Options A, B, and D are not directly relevant here.

Extract from Official Document (CoPC):

\* Paragraph 2.2 - Objectivity (pg. 5): "Maintain objectivity by documenting findings without offering advice or recommendations."

References:

CMMC Code of Professional Conduct, Paragraph 2.2.

#### NEW QUESTION # 125

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