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Cyber AB CMMC-CCA Exam Syllabus Topics:

Topic	Details
Topic 1	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.
Topic 2	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.
Topic 3	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.

Topic 4	• 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.
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Cyber AB Certified CMMC Assessor (CCA) Exam Sample Questions (Q100-Q105):

NEW QUESTION # 100

When assessing an OSC for CMMC compliance, you examine its risk assessment policy and procedures addressing organizational risk assessments. According to their policy, comprehensive risk assessments on all systems processing, storing, or transmitting CUI and facilities are performed annually. However, reviewing past risk assessment reports, you find that a risk assessment was conducted in January 2022 covering all CUI systems. The next risk assessment was not conducted until November 2023, over 21 months later. There are no records of any other risk assessments in the intervening period between January 2022 and November 2023.

Interviewing the OSC's personnel with risk assessment responsibilities, you learn they have slated the next risk assessment within the year. Based on the scenario, which of the following would you determine regarding OSC's adherence to CMMC practice RA.L2-3.11.1 - Risk Assessments?

- A. They are fully compliant
- **B. They are non-compliant**
- C. More information is needed to make a determination
- D. They are partially compliant, as at least one risk assessment was completed

Answer: B

Explanation:

Comprehensive and Detailed In-Depth Explanation:

RA.L2-3.11.1 requires "periodically assessing risks to operations, assets, and individuals from system use." The OSC's policy defines annual assessments, but a 21-month gap (Jan 2022-Nov 2023) violates this frequency, failing the practice's intent. This 5-point practice scores Not Met (-5), as partial compliance (C) isn't recognized, and more info (D) isn't needed given the clear lapse. Full compliance (A) requires adherence to the defined period.

Extract from Official CMMC Documentation:

* CMMC Assessment Guide Level 2 (v2.0), RA.L2-3.11.1: "Assess risks at defined intervals; non- compliance if periodicity unmet."

* DoD Scoring Methodology: "5-point practice: Met = +5, Not Met = -5."

Resources:

* https://dodcio.defense.gov/Portals/0/Documents/CMMC/AG_Level2_MasterV2.0_FINAL_202112016_508.pdf

NEW QUESTION # 101

A CCA is reviewing an OSC's evidence for a CMMC practice and finds that the documentation is in draft form, marked "For Internal Use Only," and lacks final approval. The OSC insists it is actively used. How should the CCA evaluate this evidence?

- A. Accept the draft documentation as sufficient since it is actively used.
- B. Request the OSC to finalize the documentation before continuing the assessment.
- **C. Document the lack of final approval as an evidence gap and assess based on all available evidence, including usage**

confirmation.

- D. Reject the draft documentation and score the practice as "NOT MET."

Answer: C

Explanation:

Comprehensive and Detailed in Depth Explanation:

The CAP requires noting deficiencies like lack of approval as gaps while assessing all evidence (Option B).

Options A, C, and D misapply CAP procedures.

Extract from Official Document (CAP v1.0):

* Section 2.2 - Conduct Assessment (pg. 25): "Document lack of final approval as an evidence gap and assess based on all available evidence." References:

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

NEW QUESTION # 102

During an assessment, the OSC person being interviewed explains the process for escorting visitors. The individual states that while all visitors are escorted, occasionally a vendor may need access to a small room with only one door and limited standing room. In these cases, the escort sits outside the room and observes the vendor completing the work. Is this practice in line with the escort policy?

- A. No, the escort must always be in the same room
- B. Yes, since the visitor can only use a single entry
- **C. Yes, so long as the visitor's actions can still be viewed by the escort**
- D. No, the escort is not allowed to sit down

Answer: C

Explanation:

* Applicable Requirement: PE.L2-3.10.3 - "Control physical access to organizational systems, equipment, and operating environments."

* Why D is Correct: Escort requirements are met as long as the visitor's actions are continuously observed and controlled. The escort does not need to be physically inside the same room if direct observation is possible.

* Why Other Options Are Insufficient:

* A: Escort posture (sitting/standing) is irrelevant.

* B: Same-room presence is not required by CMMC/NIST SP 800-171.

* C: A single entry point helps, but observation is the requirement.

References (CCA Official Sources):

* NIST SP 800-171 Rev. 2 - PE.L2-3.10.3

* CMMC Assessment Guide - Level 2 - Physical Escort Policy Guidance

NEW QUESTION # 103

An Assessor is examining documents provided by the OSC POC. While reviewing them, the Assessor notes that several of the procedures have very current dates while the bulk do not. What should the Assessor do in order to decide if these new documents are acceptable as evidence?

- A. Determine if the people involved in writing the procedures are on the list of those who can be interviewed.
- B. Determine the outlined reasonableness of the procedures.
- **C. Set up an observation session to determine if the procedures are in use and people are knowledgeable of their deployment and use.**
- D. Ensure the documents were approved by a senior-level manager.

Answer: C

Explanation:

* Applicable Requirement (CAP Evidence Standards): Evidence must be objective and demonstrate implementation. Newly created documentation may exist only for assessment purposes, so the assessor must validate whether the documented procedures are actually in practice.

* Why D is Correct: Observation sessions confirm that personnel are knowledgeable about and actively following the documented procedures. This ensures the documents reflect actual implementation rather than being created solely for assessment.

Why Other Options Are Insufficient:

- * A: Approval shows authority but does not prove procedures are implemented.
- * B: Subjective determination of "reasonableness" is not an approved assessment method.
- * C: Identifying authors does not validate implementation.

References (CCA Official Sources):

- * CMMC Assessment Process (CAP) v1.0 - Evidence Collection and Triangulation
- * CMMC Assessment Guide - Level 2, Section on Evidence Requirements
- * NIST SP 800-171A - Assessment Methods: examine, interview, observe

NEW QUESTION # 104

A CCA is conducting a CMMC assessment and notices that the OSC's evidence includes a policy document that is outdated by two years. The OSC insists that the policy is still in effect, but staff interviews indicate that newer, undocumented procedures are being followed. How should the CCA handle this situation?

- A. Accept the outdated policy as evidence since the OSC claims it is still in effect.
- B. Reject the policy document outright and score the practice as "NOT MET."
- C. Request the OSC to update the policy document before proceeding with the assessment.
- **D. Document the discrepancy between the policy and actual procedures and assess based on all available evidence.**

Answer: D

Explanation:

Comprehensive and Detailed in Depth Explanation:

The CAP requires documenting discrepancies and assessing all evidence (Option B). Option A ignores reality, Option C is premature, 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 policy and practice as evidence gaps and assess based on all findings." References:

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

NEW QUESTION # 105

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