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## Fiscal Year 2012 Security and Privacy Awareness Training Certificate

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I certify that I have completed the Information Systems Security Awareness (ISSA) and Privacy Awareness Training courses. I have read and signed the Department of Health and Human Services (HHS) Rules of Behavior. I understand the requirements for access to Departmental information technology (IT) systems and my responsibilities as a system user.

**Please complete all of the information below:**

STAFFDIV/Office: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

EOD/Date you started work at HHS: \_\_\_\_\_

Date Security Awareness Training completed: \_\_\_\_\_

Date Privacy Awareness Training completed: \_\_\_\_\_

Date Role Based Training completed (if applicable): \_\_\_\_\_

*Contractors complete this section*

Name of Company: \_\_\_\_\_

Contract Number (*prime only*): \_\_\_\_\_

Contracting Officer's Technical  
Representative (COTR) Name: \_\_\_\_\_

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*Signature*

*Date*

*Day Phone*

**Print this certificate, sign and date it.**

- **Employees: Send the completed certificate to the FISMA POC for your STAFFDIV.**
- **Contractors: Send the completed certificate to your COTR.**

This form cannot be processed if your name or completion dates are omitted or illegible, or if your signature is omitted.

If you need assistance please contact the HHS Cybersecurity Program at 202-205-9581 or [HHS.Cybersecurity@hhs.gov](mailto:HHS.Cybersecurity@hhs.gov).