
Cybersecurity Awareness Training Completion Certificate

Only for Office of the Secretary's Users

This form is intended for OS users without LMS access ONLY. OpDiv personnel have different requirements for recording and tracking training completion. OPDIV employees should follow their OPDIV procedures.

I certify that I have completed the below Training course(s), I have read and signed the Department of Health and Human Services (HHS) Rules of Behavior; and 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 Cybersecurity Awareness Training completed: _____

Date Role Based Training completed (if applicable): _____

Contractors complete this section

Name of Company: _____

Contract Number (*prime only*): _____

Contracting Officer's

Representative (COR) Name: _____

Signature

Date

Day Phone

Please digitally sign and date it. Send the completed certificate to OS_CybersecurityTraining@hhs.gov with "Completion Certificate" in the Subject Line. If digital signature is not available, please print it and send it to the above email address.

Contractors are also required to include their COR in their submission.

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 email the OS Cybersecurity Training Team at OS_CybersecurityTraining@hhs.gov.*