
Cybersecurity Awareness Training Certificate

I certify that I have completed the Cybersecurity Awareness Training course. I have read and acknowledged 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 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 Technical

Representative (COTR) Name: _____

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 Office of Information Security (OIS) Training Team at OIS_Training@hhs.gov.