

# Certification of QualityNet Security Awareness Training



**Organization Name:**

I/we certify that all employees have satisfactorily completed all prescribed QualityNet Security Awareness & Privacy Training as specified in \_\_\_\_\_ contract, Section \_\_\_\_\_ deliverable item  
The initial training is always completed prior to granting the user access to any of the QualityNet data or resources. The annual organizational training has been fully conducted on \_\_\_\_\_ in accordance with contract and security requirements.

**Submitted/Certified by:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Appointed Security Point of Contact (SPOC)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
CEO or Duty Title