**Certification of QualityNet Security Awareness Training**

**Site/Region Identification**

**Organization Name:**

I/we certify that all employees have satisfactorily completed all prescribed QualityNet Security Awareness & Privacy Training as specified in the 11th SOW <contract type> contract, Section <section number>, deliverable item <item number>. The initial user 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 during the month of <month> this <year> in accordance with contract and security requirements.

Submitted/Certified by:

Printed Name Signature

 Appointed Security Point of Contact (SPOC) Date

Printed Name Signature

 CEO or Duty Title Date