

ATTESTATION
CYBER SECURITY TRAINING PROGRAM
FISCAL YEAR 2023-2024

Instructions: • All fields are required

- This form is due to CSC on:

Existing Organizations	December 15, 2023.
Organizations contracting with CSC for the first time	January 15, 2024.

- Submit your signed form to: compliance@cscpbcc.org
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I, _____, Chief Executive Officer/Executive Director certify that _____ (Provider Agency Name) has implemented a cyber- security training program for all employees that serve Palm Beach County. Our security awareness training includes:

- 1) A testing component that tests all employees serving Palm Beach County regardless of funding source for the position at regular intervals throughout the year (**minimum quarterly**).
- 2) A tracking component so that Provider or the Council can verify employee compliance.

Total number of employees serving Palm Beach County regardless of funding: _____*

Total number of employees participating in the cyber security training program: _____*

***Note: These 2 numbers must match.**

Testing frequency: Please select one option below.

- Weekly
- Twice per month
- Monthly
- Every other month
- Quarterly

Attention: If this is the first time you are receiving CSC funding, please complete this section.

The training program was implemented on

(Date)

Signature

Date