

DPH Computer Security Basic Awareness Training Record

Please print this form (in black and white) and complete the required information to acknowledge that you have received this training material and reviewed for understanding of compliance requirements. Make a copy for your records and return the completed form to:

DPH Human Resources/HIPAA Coordinator
1930 Mail Service Center
Raleigh, NC 27609-1930.

Training: “NC DPH Basic Computer Security
Awareness Training”

Date

Completed: _____

Print Name: _____

Signature: _____

Section: _____