## National Initiative for Cybersecurity Careers and Studies (NICCS) Certification Course Template

The NICCS Cybersecurity Certification Inventory is a central repository of cybersecurity Certification providers and available Certification courses for the Nation. Your submissions will help us build a robust listing of available cybersecurity courses. Using the directions below, please complete the form on the next tab, and then submit the form to NICCS@hq.dhs.gov.

(Prior to your submission, please ensure you have already submitted the NICCS Portal Provider Template. Every provider is asked to submit an application; however, you will notice there is a streamlined process allowing you to bypass fields if your organization already possesses certain criteria.)

Note: A Training Provider can opt out of the NICCS Training Catalog and have their course content removed simply by emailing NICCS@hq.dhs.gov.

Each row should consist of one (1)	) Certification item.								
Certification Name Ente	ication Name Enter the Certification name.								
Certification Description form	Enter a brief description of the Certification. Additionally, please include the following: cost and duration of the course. Include the Certification deliver format, examples: live session, online course, webinar, etc. Lastly, enter any additional National Cybersecurity Workforce Framework Specialty Areas associated with this Certification other than the primary Specialty Area (described below).								
Certification Catalog Number Ente	er Enter your Certification catalog number for the Certification that will be entered into each row.								
Certification URL Ente	er the Certification URL. This should be the location at which an individual can register for the course.								
Certification Purpose Select	Select the Certification purpose: skill development, functional development, and management development.								
Framework Specialty Area Wor	Select the National Cybersecurity Workforce Framework Specialty Area(s) that the Certification falls within. Specialty areas are defined in the Cyberse Workforce Framework located here www.nist.gov/nice/framework/. Certification can have up to five (5) mapped Specialty Areas.								
Intended Audience Selec	ect the intended audience for the Certification. Select between federal employee, academia, general public, or other.								
Learning Objective(s) Ente									
Certification Proficiency Level Profi in sir Profi appl Profi Profi Profi Profi Profi	ect the Certification proficiency level which corresponds to each Framework Specialty Area. ficiency Level 0 'No Proficiency': This Certification is intended for someone with insufficient knowledge, skill, or ability level necessary for use in simple routine work situations. Knowledge, skill, or ability level provided would be similar to the knowledge of a layperson. Considered "no proficiency" for poses of accomplishing specialized, or technical, work. fiency Level 1 'Basic': This Certification is intended for individuals who need the basic knowledge, skills, or abilities necessary for use and the application imple work situations with specific instructions and/or guidance. fiency Level 2 'Intermediate': This Certification is intended for individuals who need intermediate knowledge, skills, or abilities for independent use and blication in straightforward, routine work situations with limited need for direction. fiency Level 3 'Advanced': This Certification is intended for individuals who need advanced knowledge, skills, or abilities for independent use and blication in complex or novel work situations. fiency Level 4 "Expert': This Certification is intended for individuals who need expert knowledge, skills, or abilities for independent use and application in complex or novel work situations.								
	hly complex, difficult, or ambiguous work situations, or the trainee is an acknowledged authority, advisor, or key resource. er required Certification prerequisites. Examples are experience levels, required knowledge, Certification, etc.								



## [Certification Provider Name] [Street Address] [Street Address 2] [City, ST ZIP code]

[Vendor ID]

Point of Contact: [Last Name] [First Name] [Phone] [E-mail]

Certification Name	Certification Description	Certification Catalog Number	Certification URL	Certification Purpose	Specialty Area	Intended Audience	Learning Objective(s)	Certification Proficiency Level	Prerequisite(s)	Delivery