



National Initiative for Cybersecurity Careers and Studies (NICCS) NICCS Provider Form

NICCS is a public-facing website developed to deliver nationwide access to cybersecurity awareness, education, workforce structure, and training and professional development information. NICCS is an implementation tool for the National Initiative for Cybersecurity Education (NICE), in that it provides a centralized resource which contains and displays cybersecurity information developed by NICE and its components, as well as other applicable cybersecurity information. NICCS accelerates the knowledge of cybersecurity, strengthens the pursuit of cybersecurity careers, provides workers with the tools they need for professional growth and development.

Prior to submitting your courses to be posted on NICCS, please answer the questions below, and submit your responses to NICCS@hq.dhs.gov.

If approved for inclusion, the NICCS SO will provide you with an identification number and your organization can begin submitting information for inclusion.

CONTACT INFORMATION					
Please enter the contact information for your organization below.					
ORG NAME* ¹					
POC (Last, First)*					
PHONE*		ALT. PHONE			
EMAIL*		ALT. EMAIL			
ALT POC (Last, First)					
PHONE		ALT. PHONE			
EMAIL		ALT. EMAIL			
URL*					
STREET ADDRESS*					
CITY*		STATE*		ZIP*	

¹ An asterisk denotes a required field.



TRAINING PROVIDER INFORMATION

To help ensure each provider listed is a legitimate business, any provider wishing to be listed in the NICCS portal must meet one of the following. Check applicable box(es) on the left.

	Listed as an approved and valid vendor on the General Services Administration (GSA) schedule
OR:	
	Credentialed from National Centers of Academic Excellence (CAE)
OR:	
	Approved federal agency or department training provider
OR:	
	If Academic Institution, provider is accredited by body recognized by U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)
OR (must meet all of the following):	
	Been in business for at least one year
	Conducted or delivered the training course(s) at least two (2) times over an 18-month period
	Has documentation showing a business entity license
Each provider must confirm his or her organization does the following. Each box must be checked in order to be considered for inclusion in NICCS. Check applicable box(es) on the left.	
	Measures course(s) effectiveness
	Measures student review and feedback
	Regularly evaluates ongoing curriculum development and course modification
	Completes analysis of effectiveness of changes implemented
	Has system capable of tracking student completion information, to include student's name and dates of training, and maintains this information for at least 3 years
	Delivers certificate of completion
	Acknowledges understanding of the exclusion criteria which states: <i>The NICCS SO reserves the right to refuse to list, or to discontinue listings for, an organization</i>



on the NICCS portal that:

- Lists inaccurate or incorrect information on its submission form;
- Has had serious complaints lodged against them with any regulatory body;
- Denies service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law;
- Promotes or provides services which are unlawful;
- Misrepresents, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matters;
- Fails to respond to requests for information from the NICCS SO; or,
- Links to a site that exhibits hate, bias, discrimination, pornography, libelous or otherwise defamatory content.

Acknowledges that the NICCS SO maintains the right to withhold and withdraw content from the NICCS portal that it deems inappropriate or insufficient

The following is to be completed by an authorized representative of the provider:

I acknowledge I have read and understood the contents of this form, and have been given full opportunity to discuss the implications of this consent with any and all decision makers of my organization, and the information above is truthful and accurate.

Name (Print): _____

Signature: _____

Title: _____

Date: _____