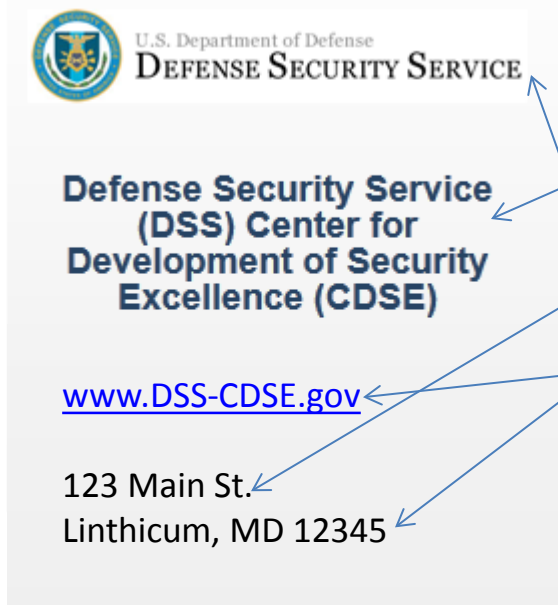


# Vendor Vetting Form Wireframe Update (to include Logo image collection)

Vendor Display to Public:



U.S. Department of Defense  
**DEFENSE SECURITY SERVICE**

**Defense Security Service  
(DSS) Center for  
Development of Security  
Excellence (CDSE)**

[www.DSS-CDSE.gov](http://www.DSS-CDSE.gov)

123 Main St.  
Linthicum, MD 12345

Detail of Affected Vendor Data Collection Form:

## CONTACT INFORMATION

\* The asterisk indicates a required field.

Organization Name \*

Organization Street Address \*

City \* U.S. States/Territories \* Zip Code \*  
 - Select -

Organization URL: \*

Logo\* (.png files accepted):

No file selected.

← New.

Primary Point of Contact(POC) First and Last Name \*

Phone \* Email \*

Alternate Primary POC Phone Alternate Primary POC Email Address

Secondary POC Name Secondary POC Email Address

Secondary POC Phone

Alt. Phone Alt. Email

# Complete Vendor Vetting Form Wireframe (slide 1 of 2)

## CONTACT INFORMATION

OMB Control Number: 1601-0016

Expiration Date: 04/30/2015

[View Information Collection Review](#)

\* The asterisk indicates a required field.

Organization Name \*

Organization Street Address \*

City \*  U.S.States/Territories \*  Zip Code \*

- Select -

Organization URL: \*

No file selected.

Primary Point of Contact(POC) First and Last Name \*

Phone \*  Email \*

Alternate Primary POC Phone  Alternate Primary POC Email Address

Secondary POC Name  Secondary POC Email Address

Secondary POC Phone

Alt. Phone  Alt. Email

## Vendor Qualifications

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. (Please check all that are applicable.)

- Listed as an approved and valid vendor on the General Services Administration (GSA) schedule
- Credentialed from National Center of Academic Excellence (CAE)
- Approved federal agency or department training provider
- If Academic Institution, provider is accredited by body recognized by U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)
- Must meet all of the following: A) Been in business for at least one year, B) Conducted or delivered the training course(s) at least two (2) times over an 18-month period and C) Has documentation showing a business entity license

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

## Vendor Acknowledgments

To be considered for inclusion on NICCS, check each box to confirm the organization does each of the following:

- 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 certification of completion

# Complete Vendor Vetting Form Wireframe (slide 2 of 2)

By checking this box, the organization acknowledges the understanding of the exclusion criteria which states: the NICCS SO reserves the right to refuse to list or to discontinue listings for an organization 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.

By checking this box, the organization 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 template, 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 (Last, First) \*

Title \*

Date \*

### CAPTCHA

This question is for testing whether you are a human visitor and to prevent automated spam submissions.

H S W 6 j

What code is in the image? \*

Enter the characters shown in the image.

### Web Form Privacy Act Statement

**Authority:** 5 U.S.C. §301 and 44 U.S.C. §3101 authorizes the collection of this information.

**Purpose:** The purpose for the collection of this information is to register cybersecurity training providers with the Department of Homeland Security(DHS) for inclusion in the National Initiative for Cybersecurity Careers and Studies(NICCS), Cybersecurity Education and Training Catalog.

**Routine Uses:** The information collected may be disclosed as generally, permisses under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/ALL-002-Department of Homeland Security (DHS) Mailing and Other Lists Systems November 25, 2008 73 FR 71659.

**Disclosure:** Providing this information is voluntary, however failure to provide this information will prevent DHS from processing you registration request.

### Paperwork Reduction Act

The public reporting burden to complete this information collection is estimated at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/NPPD/CSS&C, [NICCS@hq.dhs.gov](mailto:NICCS@hq.dhs.gov), ATTN: PRA [1601-0016].