**Agency Information Security Awareness Training Solution Form**

In accordance with the Code of Virginia, Section 2.2-2009 sub-section I, all Commonwealth of Virginia agencies shall report the type of Information Awareness Training solution that they will administer to their employees. Training solutions (i.e. software, classroom, or other) are required to meet the curriculum requirements identified in this document.

This information is to be submitted to VITA no later than **February 28, 2021** and every January 31, thereafter.

Please complete the following:

**Agency Name:** Click or tap here to enter text.

**Information Security Officer:** Click or tap here to enter text.

|  |  | ***APPROVED SOFTWARE SOLUTIONS****(Agencies who have procured any of these software solutions do not need to change. Agencies that have procured a different software solution or intend to use a different training method need to let VITA know what it is so that we can evaluate it.)* |  |
| --- | --- | --- | --- |
|  |  | *InfoSec* | *KnowB4* | *SANS* | *Awareity* | *Security Mentor* | \*Other Software | DHRM LMS | Classroom or Other Method | VITA |
| A | **Core Requirements (required):** |  |  |  |  |  |  |  |   |  |
| B | **Policy Review & Acceptance (required):** |  |  |  |  |  |  |  |   |  |
| C | **Role Based Training (required):** |  |  |  |  |  |  |  |   |  |
|  | *System Owner Training* |  |  |  |  |  |  |  |  |  |
|  | *Data Owner Training* |  |  |  |  |  |  |  |  |  |
|  | *System Admin Training* |  |  |  |  |  |  |  |  |  |
|  | *Data Custodian Training* |  |  |  |  |  |  |  |  |  |
|  | *Agency Head Training* |  |  |  |  |  |  |  |  |  |
| D | **Regulatory Training (required as needed):** |  |  |  |  |  |  |  |  |  |
|  | *Federal Tax Information (FTI)* |  |  |  |  |  |  |  |   |  |
|  | *Health Insurance Portability & Accountability Act (HIPAA)* |  |  |  |  |  |  |  |  |  |
|  | *Criminal Justice Information Services (CJIS)* |  |  |  |  |  |  |  |  |  |
|  | *FERPA* |  |  |  |  |  |  |  |  |  |
|  | *Social Security Training* |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Payment Card Information (PCI)* |  |  |  |  |  |  |  |  |  |
|  | *Personal Health Information (PHI)* |  |  |  |  |  |  |  |  |  |
| E | **Phishing Exercise (required)** |  |  |  |  |  |  |  |  |  |
| F | **Additional Training (optional)** |  |  |  |  |  |  |  |  |  |

**Identify Training Solution:** please mark your agency’s proposed solution to meet the training requirements identified in A, B, C and D.

\*Other Software: If you are planning to use a software solution other than: Infosec / KnowB4 / SANS / Awareity / Security Mentor, please indicate it here. The use of any other training solution must be approved in advance.

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