Abuse Counseling and Treatment, Inc.

I acknowledge receiving from Abuse Counseling and Treatment, Inc. Data Security Awareness Training, and I have read and understand the information set forth in the PowerPoint presentation.

I understand that the information provided in this training supersede all previous security information, policies and procedures, whether oral or written.

I understand it is my responsibility to bring questions to the Chief Executive Officer or my supervisor if I do not understand or need clarification of any of this information.

By signing this, I am verifying I have received and understand the Data Security Information. I will receive a Certificate of Training for 1 hour.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_