

# Attestation of Completion of NYESS Mandated Training

Indicate the course(s) you have taken: **(KEEP THIS ON FILE AT YOUR OFFICE, DO NOT SEND TO NYESS)**

- Cyber Security Information and Security Awareness
- OMH HIPAA Supplement
- Cornerstones of Confidentiality

## Employee Section

I attest that I have completed the above checked courses that are required to access the New York Employment Services System (NYESS)

Please **PRINT** clearly:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

I hereby confirm that the individual named above has taken the required NYESS trainings, and was provided with the training materials related to the above checked courses.

Facilitator: \_\_\_\_\_

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