SOCIAL SECURITY ADMINISTRATION SECURITY TRAINING

Individual Training

I _____, certify that I have reviewed the following training on-line
(Printed Name)
and understand the penalties for unauthorized disclosures:

Social Security Administration Contract Power Point Training

I understand that the contracts and attachments, between the North Carolina Department of Health and Human Services and the Social Security Administration listed below, are available to me through the above referenced site:

- NC DHHS Social Security Administration Information Exchange Agreements
  Federally Funded Programs
  State Funded Programs
- SOLQ AMENDMENT

_____ _____
(Signature) (Date)

Group Training

Signature(s) of the following staff attest to their presence during training and their understanding of the penalties for unauthorized disclosures: (Use a supplemental continuation sheet if necessary and attach to this form)

PRINT NAME	AGENCY/SECTION	SIGNATURE

TRAINER NAME/AGENCY	TITLE	DATE

SECURITY OFFICER CERTIFICATION

I certify that the individual(s) listed above have received the specified Social Security Administration Security Training on the date(s) indicated.

_____ _____ _____
Printed Name/Title Signature Date

Revised 07/2026

County DSS Security Officers should retain this form in their agency.
State Division of Medical Assistance Agencies-Please forward copy to Wanda McLeoud.