

Become A Provider

Educational Cybersecurity providers can gain exposure for their courses while supporting the national mission to educate and train the nation's future cybersecurity workforce. Over 30,000 people visit NICCS each month, and prospective students run over 6,000 unique searches in the NICCS Education and Training Catalog, making NICCS the place to promote cybersecurity related training courses.

For organizations or academic institutions interested in listing courses, apply to become a provider today! Have any questions? Contact the NICCS Supervisory Office at NICCS@hq.dhs.gov. To become a provider, please have an authorized representative complete the Provider Vetting Form below.

Provider Vetting Form

To maintain the quality of the NICCS Education and Training Catalog, the NICCS Supervisory Office (NICCS SO) has created a set of vetting criteria. This criteria ensure courses listed in the catalog are offered by organizations recognized for providing quality resources, while not excluding small or medium sized organizations.

OMB Control Number: 1670-0030

Expiration Date: 04/30/2022

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Contact Information

* The asterisk indicates a required field.

Organization Name*

Organization Street Address*

City*

U.S. States/Territories*

Zip Code (5 digit)*

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Organization URL*

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

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Phone (XXX XXX XXXX)*

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Email (email@email.com)*

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Alternate POC First and Last Name*

Form Field Place Holder

Alternate POC Phone

Form Field Place Holder

Alternate POC Email Address

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Provider Qualifications

This section assists the NICCS SO to review provider qualification

Please check the option that applies to your organization for the NICCS SO to confirm it is a legitimate business. *

- Your organization is a federal agency or department training provider
- Your organization has been awarded a General Services Administration (GSA) Federal Acquisition Service Contract
- Your organization is a designated National Center of Academic Excellence (CAE)
- Your organization is an academic institution recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)
- Your organization is a legitimate business that meets all the following:

- Holds a business entity license in the United States, Select State (Required for this

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option):

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- Been in business for at least one year, and
- Conducted or delivered training course(s) at least two (2) times over an 18-month period.

Please check all the below that are performed by your organization. *

- Measure course effectiveness
- Measure student review and feedback
- Regularly evaluates ongoing curriculum development and course modification
- Completes analysis of effectiveness of changes implemented
- Tracks student completion information and maintains this information for at least 3 years
- Delivers a certificate upon successful completion of the course.

Provider Acknowledgements

To be considered for inclusion on the NICCS Education and Training Catalog, potential providers must acknowledge CISA's exclusion criteria and rights by reviewing the below and checking the corresponding check box.

Check the box below to demonstrate acknowledgement of CISA's exclusion criteria *

- By Checking this box, the organization acknowledges that they will be removed from the Training Catalog if any of the following events occur:
 - Your organization listed inaccurate or incorrect information in your submission,
 - Your organization has had a serious complaint lodged against it with any regulatory body,
 - Your organization denies service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law,
 - Your organization promotes or provides services which are unlawful,
 - Your organization misrepresents, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter,
 - Your organization fails to respond to requests from the NICCS SO, or
 - Your organization links to a site that exhibits hate, bias, discrimination, pornography, libelous or otherwise defamatory content.

Check the box below to demonstrate acknowledgement of CISA's right to deny or remove training providers from the NICCS Education and Training Catalog*

- By checking this box, the organization acknowledges that CISA and the NICCS SO maintains the right to deny or remove training providers and content from the NICCS Education and training Catalog for the following reasons:
 - The linked website contains misleading information or unsubstantiated claims or is determined to be in conflict with CISA's mission or policies
 - The linked website fails to meet NICCS requirements for appearing in the Training Catalog
 - At CISA's sole discretion

Check the box below to demonstrate acknowledgement of CISA's endorsement policy

- By checking this box, the organization acknowledges that presence in the NICCS Education and Training Catalog DOES NOT imply an endorsement of any specific commercial products, processes, or services.

Your participation in the NICCS Catalog does give you permission to use the Department of Homeland Security (DHS) Seal or CISA Logo. Furthermore, your participation in the Catalog does not imply an endorsement from DHS or CISA. Unauthorized use of the Seal/Logo or false statements of endorsement may result in removal from the Catalog.

Check the box below to demonstrate acknowledgement of CISA's dispute procedures

- If a complaint is lodged against you, CISA will send you a written Notice along with any pertinent evidence. You have 15 days from the date marked on the Notice to respond. Once we have received your response, the matter will be reviewed by CISA. CISA will send you a Final Decision within 30 days of receipt of your response. If the complaint is found to be persuasive, your participation in the Catalog could be suspended or terminated.

The following is to be completed by an authorized representative of the provider.

I acknowledge I have read and understood the contents of this application, and have been given full opportunity to discuss the implications of this content with any and all decision makers of my organization. I also acknowledge that the information above is truthful and accurate.

Authorized Representative Name (Last, First) *

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Authorized Representative Title *

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Submission Date *

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