

Attestation of Completion Form - 2005 (Initial) IST

**New York Employment Services System
2005 Information Security Training Program**

Employee Section:

I hereby attest that I have completed the 2005 Information Security Training Program, as mandated for the Mental Health Background Check System. I have read and understood its content and understand that I am responsible for complying with its contents as applicable/appropriate.

Employee

Name (Please PRINT): _____

Signature: _____ Date: _____

Agency Name: _____

Work Address/Location: _____

Work Telephone Number: _____ Ext. _____

Facilitator or Supervisor Section:

I hereby confirm that the individual named above has completed the 2005 Information Security Training Program.

Supervisor NAME (Please PRINT): _____

Signature: _____ Date: _____

Work Telephone Number: (_____) _____

Make a copy for your records and Mail or Fax this fully completed signed document to:

MHBC
44 Holland Avenue
8th Floor
Albany, NY 12229
Attn: Office of Consumer Affairs
Fax: (518) 474-8998
Phone: (518) 473-6579