

Form (simplified)

# Cybersecurity Career Week Commitment Submission Form

\* Indicates required field

OMB Control #0690-0038  
Expiration Date: 7/31/26

View the current list of activities at [nist.gov/nice/ccw-events](https://nist.gov/nice/ccw-events)

Information collected on this page will be published to a public-facing web site on [nist.gov/nice/ccw](https://nist.gov/nice/ccw).

In order to make Cybersecurity Career Week a success, we encourage completion of all fields. We are extremely interested to learn how you have championed careers in cybersecurity and celebrated the campaign.

## Contact Information ?

**Name \***

**Organization's Name \***

**Email Address \***

**Email Address \***

**Country \***

 ^  
v

**Zip code \***

**Are you a NICE Cybersecurity Career Ambassador? \***

☐ Yes

☐ No

**Phone Number (optional)**

**Website (optional)**

## Commitment Information ?

**What type of event or activity are you planning? (Select all that apply. At least one must be selected)**

☐ Issue a [proclamation](#) in support of Cybersecurity Career Week

☐ Develop an article, op-ed or blog, video, or social media post(s)

## Commitment Information ?

**What type of event or activity are you planning? (Select all that apply. At least one must be selected)**

- ☐ Issue a [proclamation](#) in support of Cybersecurity Career Week
- ☐ Develop an article, op-ed or blog, video, or social media post(s)
- ☐ Speaking engagement
- ☐ Host an event
- ☐ Coordinate professional development activity
- ☐ Distribute educational or training materials
- ☐ Other (please describe)

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0690-0038. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology at: 100 Bureau Dr., Mail Stop 2000, Gaithersburg, MD 20899, Attn: NICE Program Office, nice@nist.gov.

**Privacy Act Statement**



**Submit**

Form (expanded)

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## Contact Information

**Name \***

**Organization's Name \***

**Email Address \***

**Country \***

United States



**Country \***

United States



**Zip code \***

**Are you a NICE Cybersecurity Career Ambassador? \***

☐ Yes

☐ No

**Phone Number (optional)**

**Website (optional)**

## Commitment Information

**What type of event or activity are you planning? (Select all that apply. At least one must be selected)**

☒ Issue a [proclamation](#) in support of Cybersecurity Career Week

**URL (optional)**

https://example.com

**URL (optional)**

https://example.com

☒ Develop an article, op-ed or blog, video, or social media post(s)

**Description. Please provide a brief description that will help us promote the resource during Cybersecurity Career Week. \***

**URL (optional)**

https://example.com

☒ Speaking engagement

**Date \***

**Description \***



**Description \***

**Estimated size of Audience \***

**Is this a virtual or in-person event? \***

- Select -

**URL (optional)**

https://example.com

☒ Host an event

*Each event must be submitted separately.*

**Event Title \***

**Url (optional)**

https://example.com

**Event Type \***

**Event Type \***

- Select one -

**Start Date and Time of Event ? \***

Date (e.g. 03/06/2024)

Time (e.g. 3:15 PM)

**End Date and Time of Event ? \***

Date (e.g. 03/06/2024)

Time (e.g. 3:15 PM)

**Timezone ?**

America/New York

**Event Host Affiliation (example: Industry, Government, Non-Profit Organization, K12, Higher Education, Etc.) \***

**Estimated size of audience or users \***

**How will you measure impact and success? (optional)**

**Description. Please provide a brief description that will help us highlight or promote the event during Cybersecurity Career Week. \***

**Is this event by-invite-only or open to the public? \***

- Select -

**Who is the target audience? ? \***

- Select all that apply -

**Who is the target audience?** ? \*

- Select all that apply -

**Is this a virtual or in-person event?** \*

In-person and Virtual



## Virtual Event Information

### Event Url Link

https://example.com



Add a specific point of contact for virtual event. (optional)

## Virtual Event Point of Contact

**Name** \*

**Email address** \*

**Phone number** \*

## In-person Event Location

**Site Name** \*

## In-person Event Location

**Site Name \***

**Country**

United States



**Street address \***

**City \***

**State \***

- Select -



**Zip code \***



Add a specific point of contact for this event location. (optional)

☒ Add a specific point of contact for this event location. (optional)

## Point of Contact

**Name \***



**Email Address \***

**Phone Number \***

☒ Is this a multi-site event?

## Additional Event Location

**Additional Site Name \***

**Country**



**Street address \***

**City \***

**City \***

**State \***

 

**Zip code \***

☒ Add a specific point of contact for this location. (optional)

## Point of Contact

**Name \***

 

**Email Address \***

**Phone number \***

☒ Coordinate professional development activity

**Description. Please provide a brief description that will help us highlight or promote the professional development during Cybersecurity Career Week. \***

**Url (optional)**

https://example.com

☒ Distribute educational or training materials

**Description. Please provide a brief description that will help us promote the resource during Cybersecurity Career Week. \***

**Url (optional)**

https://example.com

☒ Other (please describe)

**Url (optional)**

https://example.com

**Description for other resource \***

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**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

**AUTHORITY:**

The collection of this information is authorized under The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272 and 275) and section 12 of the Stevenson-Wydler Technology Innovation Act of 1980, Title IV of the Cybersecurity Enhancement Act of 2014,



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**PURPOSE:**

This collection will be used to support the NICE Strategic Plan goal to promote the discovery of cybersecurity careers and multiple pathways. The collection of information will allow the NICE Program Office to share with the public a compiled list of events and opportunities to learn about cybersecurity careers.

**ROUTINE USES:**

The information solicited on this form may be made available as a “routine use” pursuant to 5 U.S.C. § 552a(a)(7) and (b)(3). The information may be made available to other federal agencies to assist the Department in connection with NIST’s management of the purposes stated above; or for other authorized routine uses.

A complete list of the routine uses can be found in the system of records notice associated with this form, “COMMERCE/DEPT-23: Information Collected Electronically in Connection with Department of Commerce Activities, Events, and Programs. This system of records notice can be found on the Department's website at [https://www.osec.doc.gov/opog/privacyact/privacyact\\_sorns.html](https://www.osec.doc.gov/opog/privacyact/privacyact_sorns.html)

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:**

Providing this information is voluntary. However, failure to provide the requested information may result in an inability for NIST to process, review, and/or act on such requests. In limited circumstances, NIST may authorize the submission of the requested information via paper forms pursuant to the requirements in 15 CFR 748.1(d).

**Submit**