

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 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 Vendor Vetting Form below.

Vendor Vetting Form

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

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[View Information Collection Review](#)

CONTACT INFORMATION

* The asterisk indicates a required field.

Organization Name *

Organization Street Address *

City *

U.S.States/Territories *

- Select -

Zip Code *

Organization URL *

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

Phone *

Email *

Alternate Primary POC Phone

Alternate Primary POC Email Address

Secondary POC Name

Secondary POC Email Address

Secondary POC Phone

Alt. Phone

Alt. Email

Vendor Qualifications

To help ensure each provider listed is a legitimate business, any provider wishing to be listed in the NICCS portal must meet one of the following. (Please check all that are applicable.)

Legitimate Business *

Listed as an approved and valid vendor on the General Services Administration (GSA) schedule

Designated National Center of Academic Excellence (CAE)

Approved federal agency or department training provider

If Academic Institution, provider is accredited by body recognized by U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)

Must meet all of the following: A) Been in business for at least one year. B) Conducted or delivered the training course(s) at least two (2) times over an 18-month period, and C) Has documentation showing a business entity license

OR (must meet all of the following):

OR select options

Been in business for at least one year

Conducted or delivered the training course(s) at least two(2) times over an 18-month period

Has documentation showing a business entity license

Vendor Acknowledgments

To be considered for inclusion on NICCS, check each box to confirm the organization does each of the following:

Vendor Acknowledgments Check Boxes *

Measures course(s) effectiveness

Measures student review and feedback

Regularly evaluates ongoing curriculum development and course modification

Completes analysis of effectiveness of changes implemented

Has system capable of tracking student completion information, to include student's name and dates of training, and maintains this information for at least 3 years

Delivers certification of completion

Exclusion Option *

By checking this box, the organization acknowledges the understanding of the exclusion criteria which states: the NICCS SO reserves the right to refuse to list or to discontinue listings for an organization on the NICCS Portal that:

- Lists inaccurate or incorrect information on its submission form;
- Has had serious complaints lodged against them with any regulatory body;
- Denies service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law;
- Promotes or provides services which are unlawful;
- Misrepresents, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matters;
- Fails to respond to requests for information from the NICSS SO; or,
- Links to a site that exhibits hate, bias, discrimination, pornography, libelous or otherwise defamatory content.

Withdraw Option *

By checking this box, the organization acknowledges that the NICCS SO maintains the right to withhold and withdraw content from the NICCS portal that it deems inappropriate or insufficient.

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

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

NAME (Last, First) *

Title *

Date *

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CAPTCHA

This question is for testing whether you are a human visitor and to prevent automated spam submissions.

b f E 9 5

What code is in the image? *

Enter the characters shown in the image.

Web Form Privacy Act Statement

Authority: 5 U.S.C. §301 and 44 U.S.C. §3101 authorizes the collection of this information. Purpose: The purpose for the collection of this information is to register cybersecurity training providers with the Department of Homeland Security(DHS) for inclusion in the National Initiative for Cybersecurity Careers and Studies(NICCS), Cybersecurity Education and Training Catalog.

Routine Uses: The Information collected may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/ALL-002-Department of Homeland Security (DHS) Mailing and Other Lists Systems November 25, 2008 73 FR 71659.

Disclosure: Providing this information is voluntary, however failure to provide this information will prevent DHS from processing your registration request.

Paperwork Reduction Act

The public reporting burden to complete this information collection is estimated at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/NPPD/CS&C, NICCS@hq.dhs.gov, ATTN: PRA [1601-0016].