

NAID AAA and PRISM Privacy+ Certification Program Access Individual Training Program



Approval Submission Form

Pertains to Certification Spec 1.12 Options #2 & #3

Please complete this form and submit to i-SIGMA for approval of your Access Individual Training Program (AITP). Upon approval of your program a confirmation email will be sent. Please remember that all access employees must go through the program annually.

Company: _____ Contact Name: _____

Contact Email: _____

Physical Address: _____

City: _____ State/Prov: _____ Postal Code: _____

Total # Access Employees Trained: _____ (all access employees must be trained, per Section 2.1g of the NAID AAA Certification Application)

Is the application for multiple locations? ☐ No ☐ Yes (If yes, please provide the Company name, city and state of the other location(s) that will be utilizing this program.)

1. Company: _____ City: _____ State/Prov: _____ Country: _____

2. Company: _____ City: _____ State/Prov: _____ Country: _____

3. Company: _____ City: _____ State/Prov: _____ Country: _____

Agency administering the program: _____

Contact person at Agency: _____

Title of Program: _____

Date the program was last conducted (or is to be conducted): _____

I am providing the following program information:

Type of or sample of dated documentation indicating the successful completion of the program:

- ☐ Certificate ☐ Graded test
☐ Signed attendance roster ☐ Other, explain _____

AND

- ☐ Outline of Program & Handouts/materials used during training

Company
Signature: _____ Date: _____

Print Name: _____ Title: _____

i-SIGMA Use Only

Signed: _____ Date: _____

Print Name: _____ Title: _____

Please submit the form via: EMAIL: certification@isigmaonline.org | QUESTIONS: (602)788-624