On this date, I reviewed the Social Security Administration Agreement Security Training forms signed by staff of _____ County (#____).

The original forms are on file in the agency.

The agreements are located at http://www.ncdhhs.gov/dma/county/medicaidtraining.htm

- NC DHHS Social Security Administration Information Exchange Agreements

  Federally Funded Programs

  State Funded Programs

- SOLQ AMENDMENT

_____(name of agency being reviewed) does/does not have contractors who have access to SSA data. SSA training forms have/have not been signed by all contractors. The original forms are/are not on file in the agency. The agency does/does not have the names, work telephone number, and physical address for all virtual/home based contractors who have access to SSA data.

The contract information has/has not been submitted to the appropriate state agency.

SIGNATURE OF TRAINER/SECURITY OFFICER

_____

TITLE DATE

SIGNATURE OF COUNTY MPR OR OTHER STATE REPRESENTATIVE

_____

SIGNATURE DATE

Please forward original to Brenda Gooch with Annual Internal Inspection forms no later than April 30, 2014

Revised 02-19-13

(SSA/SSA STATE-COUNTY AGENCIES TRAINING FORM/ANNUAL SSA SECURITY TRAINING MPR – STATE AGENCIES 03-2014)