DOCUMENTATION OF SOCIAL SECURITY ADMINISTRATION SECURITY TRAINING
(ANNUAL INSPECTION)

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 https://files.nc.gov/ncdma/documents/files/SSAsecuritycontracttrain.pdf

- 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 contractor/temporary workers who have access to SSA data. SSA training forms have/have not been signed by all contractor/temporary workers. 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 OST

_____

SIGNATURE DATE

OST - Please forward original to Wanda McLeoud with Annual Internal Inspection forms

(SSA/COUNTY ANNUAL INSPECTION OST TRAINING FORM/REVISED 03-18)