

TEXAS ASSOCIATION *of* COUNTIES



Cybersecurity Course Enrollment Form for Non-County Entities

Texas Government Code § 2054.5191 requires various state agency and local government employees and contractors who have access to a local government computer system or database and use a computer to perform at least 25 percent of their duties to complete an annual cybersecurity training that has been certified by the Texas Department of Information Resources (DIR).

In response to the cybersecurity training mandate and in furtherance of our continued commitment to our county and local government family, TAC is offering a cybersecurity course that has been certified by DIR and fulfills the requirements of the law. This course is available to your entity for an annual fee of \$14 per user.

Should your entity choose to participate in TAC's cybersecurity training program, **please have your leadership approve your organization's participation and complete the enclosed form and return it via email to SecurityTraining@county.org** or fax to (512) 477-1324. For more information about the underlying legislation and TAC's cybersecurity training course, please visit county.org/cybersecurity.

Your course administrator will receive an email notification when your entity is enrolled. Enrollment is available on a rolling basis through July 31, 2024.

Printed Name

Organization Name

Authorized Signature

Date

Course Administrator (Required)

Please indicate the individual who will serve as the primary point of contact with TAC staff for purposes of enrolling participating employees in the cybersecurity training course. The designated individual will be asked to provide a list of all participating employees' names, email addresses and positions held. The designated individual will also be asked to regularly add or remove users from access to the training program upon separation from entity employment.

The course administrator will have access to reports reflecting the course completion status of all participating entity employees and elected officials. If your entity would like multiple administrators, please include their contact information on the following page.

Name of Administrator: _____

Email of Administrator: _____

Phone Number of Administrator: _____

Position/Office of Administrator: _____

IT Administrator (Required)

Please indicate the individual responsible for IT administration for your entity. Upon request, TAC will coordinate with your IT administrator to facilitate smooth deployment of the cybersecurity training program for your personnel.

Name of IT Administrator: _____

Email of Registrant: _____

Phone Number of Registrant: _____

Billing Contact (Required)

TAC will send an invoice in the amount of \$14 per user to the contact below. The number of users will be based on total users between enrollment of this course and October 2024. Users who are enrolled and later deleted will be included in the invoice. The invoice is due upon receipt.

Name of Contact: _____

Email of Contact: _____

Phone Number of Contact: _____

Position/Office of Contact: _____

Mailing Address: _____

Preferred Delivery Method (Email/Mail): _____

Additional Course Administrators (Optional)

Please indicate any additional employees who will have access to regularly add/remove users from training according to employment changes within the entity. Administrators will have access to reports reflecting the course completion status of all entity employees.

Name of Administrator: _____

Email of Administrator: _____

Phone Number of Administrator: _____

Position/Office of Administrator: _____

Additional Course Administrators (Optional)

Name of Administrator: _____

Email of Administrator: _____

Phone Number of Administrator: _____

Position/Office of Administrator: _____

Name of Administrator: _____

Email of Administrator: _____

Phone Number of Administrator: _____

Position/Office of Administrator: _____