

VCU School of Medicine Security Training and Awareness Request Form

Please complete and submit this request form electronically to somsecurity@vcu.edu to request a Security Awareness Training session for your department. It is highly recommended for anyone who is dealing with sensitive and confidential data to receive general security awareness training.

Requestor information

Requestor Name: _____

Requestor Department: _____

Requestor Phone Number: _____

Requestor Email Address: _____

(Please use official VCU email address only)

Training Information

Preferred Training Dates and Time: _____

Approximate Number of Attendees: _____

Training Location: _____

(building and room number)

Training Coverage: The basic security training is designed as an overarching informative session that consists of the following items:

- ***University and Hospital Policies and Procedures Overview***
- ***Threats and attack vectors*** – How are the attackers getting to us
- ***Workstation security*** – Tips and tricks on securing your workstations.
- ***Physical security*** – Tips on securing your belongings in offices and public areas.
- ***Data and communication security*** – How to safely send and receive information
- ***Remote Access Resources*** – Introduction to VCU approved remote access tools
- ***Business continuity*** – what to consider in case of emergency
- ***Resources and Contacts*** – Security tools and contacts

Other Special requests or notes: _____
