



**ONLINE DRIVER EDUCATION PROGRAM
ATTESTATION OF COMPLIANCE**

INSTRUCTIONS FOR SUBMISSION

This document must be completed by all certified Ohio Department of Public Safety (ODPS) Online Driver Education Program providers who have previously completed the initial security assessment process. An attestation of compliance is required six (6) months from the date of the provider's original certification date. Subsequent attestations are then required annually from the date of the provider's original certification date. Complete all applicable sections and return a signed and notarized copy of this document to:

Driver Training Program Manager
Office of Criminal Justice Services
Ohio Department of Public Safety
1970 West Broad Street
Columbus, Ohio 43223

SECTION 1: PROVIDER INFORMATION

PROVIDER NAME			DBA(s)
CONTACT NAME			TITLE
PHONE			EMAIL
BUSINESS ADDRESS			CITY
STATE / PROVINCE	COUNTRY	ZIP	URL

SECTION 2: SECURITY CONTROLS VALIDATION

REQUIREMENT	CATEGORY	CHANGE? (CHECK ONE)	RISK MITIGATION ACTIONS
1	Hardware, Software, and Internet Connection Speed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Risk Management, Business Continuity, and Disaster Recovery	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Secure Configurations for Hardware and Software on Mobile Devices, Laptops, Workstations, and Servers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Malware Defenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	Application Software Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	Wireless Device Control	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 2: SECURITY CONTROLS VALIDATION (Continued)

REQUIREMENT	CATEGORY	CHANGE? (CHECK ONE)	RISK MITIGATION ACTIONS
7	Data Recovery Capability	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	Secure Configurations for Network Devices Such As Firewalls, Routers, and Switches	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9	Controlled Use of Administrative Privileges	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	Maintenance, Monitoring, and Analysis of Audit Logs	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	Account Monitoring and Control	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Data Loss Prevention	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: ACKNOWLEDGMENTS

SIGNATURE OF THE AUTHORIZING OFFICIAL X	DATE OF SIGNATURE
---	-------------------

STATE OF OHIO
 COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____
 NAME OF PERSON ACKNOWLEDGED

X _____
 NOTARY PUBLIC

My commission expires _____, 20____

 PRINTED NAME