Continuing Education Units

VERIFICATION OF ATTENDANCE FORM

Certification Number:_____

_____ attended the following professional educational activity.
     (NAME)

Title: _____NIST Risk Management Framework Workshop _____

Date(s): _____October 3, 2017 _____   CPE Hours Earned: _____5 hours___

Sponsor(s): _____National Institute of Standards and Technology – Computer Security Division_____

Location: __National Cybersecurity Center of Excellence – 9700 Great Seneca Highway, Rockville, MD 20850___

Name of Meeting Chair: _____Victoria Pillitteri and Jody Jacobs, NIST Computer Security Division_____

Purpose of Meeting:

Convene users of the NIST Risk Management Framework to discuss how the RMF is currently being used in the federal government and the private sector, including successes and challenges with its use, and opportunities for enhancement.

This half day workshop will include:

- A policy update from the Office of Management and Budget;
- An update on the NIST Risk Management Framework and the Cybersecurity Framework;
- Industry panels on risk management, automation, and industry approaches to risk management in the system development lifecycle;
- A risk management tool demonstration; and
- An opportunity for participants to have an open discussion.

Contact Information:
Website: http://csrc.nist.gov/groups/SMA/forum/
Email: Sec-forum@nist.gov
Phone: 301-975-8542 or 301-975-4728

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