

I acknowledge, as an Authorized Individual ("User") requiring access to the Health Resources and Services Administration (HRSA) information systems, that:

1. I am required to comply with HRSA Information System Security Policies regarding the protection of HRSA information systems from misuse, abuse, loss, or unauthorized access or modification.
2. I have completed the required HRSA computer security awareness class.
3. I must create and use password(s) consisting of at least eight (8) characters that cannot be easily guessed and that do not contain a word found in any language. My password must contain letters, numbers, and at least one special character (e.g. @, !, \$, %). I am required to change my password every 90 days or at the interval prescribed for the system. I must not reuse old passwords. I understand that HRSA reserves the right to change my password or terminate my access at any time.
4. I must protect my passwords and application user codes (if any). Should I suspect a compromise of my password or application user codes, I must change my password immediately and report the suspected compromise to my supervisor and the Help Desk or other appropriate information technology specialist(s) immediately. I will not enter my password or application user code(s) in a file or record maintained in any automated system for the purpose of effecting an "autologin" feature for my convenience, unless the feature has been approved for use by the HRSA Information System Security Program Manager. I must not share my user-ID, passwords, or application user codes and I must not write down my password or application user codes.
5. I must logoff any time that I leave my terminal unattended for longer than two (2) hours. I must use a password protected screen saver at any time that I leave my terminal unattended for time periods longer than twenty (20) minutes.
6. I am required to notify the system administrator for my system immediately when there is a change in my employment status and/or when my access to the system is no longer required.
7. I will access only those applications for which the system administrator has authorized access. I will use government equipment only for approved purposes.
8. I am prohibited from using information acquired from access via a Federal computer system for personal gain.
9. I will not attempt to override technical or management controls (e.g., carrying sensitive data home on a floppy disk without prior approval).
10. I will ensure that my anti-virus software is up to date.
11. I will report all incidents to the HRSA Help Desk at 301-443-7500, or other appropriate information technology specialist(s).

USER CERTIFICATION

I certify that I have read, understand, and agree to adhere to this Computer System Users Agreement, HRSA Policies, and the HRSA Guide for Use of Government Office Equipment and Information Systems.

Printed Name	Signature	Office / Bureau
Office Address	Phone Number	Date