

Federal Select Agent Program Training

Agriculture Select Agent Services (USDA/APHIS) Division of Select Agents and Toxins (HHS/CDC) Bioterrorism Risk Assessment Group (FBI/CJIS)







Secure Access Management Service (SAMS) User Registration Overview

Federal Select Agent Program Training







User Registration Overview



Learn Trr Definition

What is Secure Access Management Services (SAMS)?

The Secure Access Management Services (SAMS) is the CDC's largest Electronic Authentication (E-Auth) provider for external partners. SAMS currently supports over 40,000 partners accessing 100+ CDC applications.

The primary functions of SAMS are:

- application access for external partners
- secure exchange of electronic files between the CDC and partner organizations.





User Registration Overview





What is Secure Access Management Services (SAMS)?

SAMS protects integrated applications by requiring users to enter a user ID and password, or other secure credentials, before being allowed access. For applications with higher security requirements, external partners must submit identification documents, such as a passports and driver's licenses, as part of the SAMS on-boarding process. The ID proofing process is designed to verify their identity.

The Federal Select Agent Program is using the SAMS to ensure that only authorized users have access to the system.





SAMS Terminology





Secure Access Management Services (SAMS)

Identity verification (Identity proofing ID proofing) is required by U.S. law for federal government agencies like CDC to perform an identity verification (identity proofing) on each person before giving them access to secure information. This check helps to protect you and your entity data.

Candidate is someone who has been invited to SAMS but has not yet registered.

Applicant is someone who is registered in SAMS but has not yet been approved for access to their requested activity, such as eFSAP.

User is someone who has completed identity verification and has been approved for their requested activity by the respective Activity Administrator.





SAMS Terminology





Application Administrator (AA) is the CDC person who invites and authorizes a user for access to e-FSAP after a user has been successfully identity proofed. AA's are staffed by people who are part of the e-FSAP program.

Proofing Agent is an individual authorized to conduct in-person identity verification (proofing) for applicants to SAMS and/or program activities. At this time, authorized proofing agents are limited to notaries.

CDC Proofing Authority is a group within the CDC that checks your identification verification form and any supporting documentation for completeness and accuracy with respect to the actual ID that was used for verification by the proofing agent.



SAMS REGISTRATION PROCESS







SAMS User Registration Process and Access to e-FSAP





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SAMS User Registration Process



l.	ONCE A SAMS APPLICATION ADMINSTRATOR INITIATES YOUR REGISTRATION
	YOU WILL WILL RECEIVE AN EMAIL WITH A LINK, USERNAME, AND

I	U.S. Centers for Disease Control: SAMS Partner Portal - Invitation to Register
÷	
You hav applicat	a been invited to register with the SAMS Public Health Partner Portal. This invitation was requested for your based on your specific role in public health and will enable you to access the following CDC computer en(s):
• 1	SAT: Select Agent and Toxian Program
A regist	ation account has already been created for you. A link to this account and a temporary password are provided below. This invitation is valid for 30 days.
SAMS I	artner Portal Registration
Registra	tion consists of the following steps:
1.0	ndine Registration
2.1	Annity Verification (if required for your application)
3.1	lacens Approval
Online r	rgistration with the SAMS portal takes about 5 minutes. Please have the following available before you begin:
: }	'our home address - This must match the documentation you intend to use for proofing if applicable. our organization / employer and their address tour telephone number
Should y	ou have questions about the SAMS Partner Portal or the registration process, please contact our Help Desk for assistance or refer to the SAMS User FAQ.
Thank y	M.
The SAS	45 Team
To regist	er with the SAMS Partner Portal, please click the following link or cut and paste it into your browser:
https://in	s.ade.gev:Sam:Sim:SAMSS3/willinders.jpg/tauk.tag=SSAMSRegistration
When pr	susptial, pôpase enter:
: }	our Email User Name: emporary Pasemord :
and click	the Login button.

For more information and assistance, please see the SAMS FAQ located http://or contact the SAMS Help Devk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Foderal holidays) at the following:

Toll Free: (877) 681-2901 Essail: ssessbalp@cdc.gov

***Note: This email has been sont from an unmonitored malibox, DO NOT REPLY TO THIS EMAIL. Please direct all inquiries to the Help Desk as listed above.







2. USE THE USERNAME AND PASSWORD PROVIDED IN YOUR INVITATION EMAIL AND ENTER INTO THE SAMS CREDENTIALS LOGIN BOX.

SAMS secure access management services

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and search and search and search and search any lawful Government purpose. The government may monitor, disclosed or used for any lawful Government purpose.



Choose a login option







3. READ AND ACCEPT THE RULES OF BEHAVIOR

SAMS access management services istration: 3 AM3 Rules of Baha CDC SAMS User Rules of Behavior Overview Secure Access Management Service (SAMS) is a United Status federal government computer system that provides secure external access to non-public CDC applications for use by authorized personnel. Uses should be availed that they have no expectation of eviewed by CDC officials with a beginning measure to do so as authorized by CDC's Office of the Chief Information Security/Office. The following rules of behavior apply to all SAMS' uses. Because written guidance cannot cover every contingency users are asked to go beyond the stated rules, using their best judgment and highest ethical standards to guide their axions. These rules are based on federal laws and engapticable agency due process of the law, consequences can include, but are not limited to: suspension or bas of access or ivitians and/or divil and convextually earlies. Use of SAMS, and the applications is posted to uses that have been specifically suthorized and gas SAMS User Account: All S AMS' user accounts are uniquely identified by a userrance and pertoded with a password. Passwords automatically expine every shark (60) days. SAMS will prompt users to update expined passwords on their next login. If a user field their password may fil unauthorized access to the SAMS Help Desk as quickly as possible. SAMS allows users to most a forgotten password using a set of secret security questions they select and complete during registration. Selected questions and answers should be easy for a user to remember but difficult for others to guess. Since question and ans Fa user fails to enter the correct usersame and password combination three (3) times in a row, their account will be boked for one (1) hour, after which, the user may try again. If the user cannot secal their password, they can follow the "braption password" fail their security questions, a new account must be created. Ut er Responsibilities and Rules of Behavior SAMS' uses are unjusty/identified through their SAMS user account. Once a user's request for access has been granted and their account is active, the user's responsible for all actions taken using that account. Therefore, every effort should be made to o To keep their account private and not share their password with anyone. o To securely store and protect any written copy of their user name and or password. o To make everyeffort to prevent others from watching password entry o To choose passwords that are difficult to guess by avoiding the use of well'known personal information. o To log off of the system when inished or whenever baving their computer unstended. · Usen mat not access SAMS or Program applications using an account that belongs to another penon. · Uses must not attempt to circumvent anySAMS' security control mechanism . SAMS' uses are provided acress to sensitive and/or non-public information to assist themin performing their dates and for the betterment of national, state, and houd public health services. Users must take positive steps to protect this information, the pe activities involving \$ AMS' information and system to the \$ AMS Help Dest. Uter Acknowledgement and Agreement Ihave read the SAMS User Rules of Behavior, agree to in teems, and understand my responsibilities for the use and posterion of my account usemante and password. Further, Lundentand the consequences that may result from the disclosure or imappropriate for evoked without notice and CDC and/or its agents may take other actions as appropriate up to and including prosecution under federal law. Your acceptance below and your continued use of the \$ AMS system constitute your acknowledgement that you understand these rules and your agreement to abide by them For questions concerning these subs and your responsibilities segaring them please contact the \$ AMS Help Dark between the hours of \$ 00 AM and 6 00 PM EST Monday/through Friday/excepting U.S. Federal holdays) at the following:

Accept Cancel







4. **REGISTRATION**

and the second s			
· = Required Peace provide th	a following information to register with SAMS, and click Sub	ort. Recurso feics are rened o	Hith a md azterisk (*). Your registration will be routed to a SAMS Applici
-Ger D			
-Frg lane		1	
Hode Name			
+Lest Name			
3474	Ŷ		
Preferred Name			
Erel		2	
Home Addre Planse Noter 1	155 our home address in SMHS must be valid as you will red	the physical mail at this and	ress as part of the SAMS ID proving process.
ADDress Line 1		3	
Address Une 2		2	
+Oty			
· State		3	
+Pozai Coos			
+Country	Fease select a country		
		-	
Cogenation Na		÷	
Operation	Addeem	al S	
Cryanicación		1	
Antesa Line 2		ň	
+Oty			
- State		5	
+Postal Code			
+Gurtry	(Peace select a country V)		
Permany Phone			
Atemate Prone			
You mult specifi Be egit or more Contain at least hot contain you Be offerent that	y a new password confirming to the rules listed below: characters long, these of the following luppercase, lowercase, numeric, and username or any part of your full name. your pervious 13 passwords.	nyment character.	
*Pear-ord	· · · · · · · · · · · · · · · · · · ·	Contine Pasaword	
Your answers	to the following questions will be used to verify you	r bentity should you forget	your password.
Question:		Answer:	
+Q1	Name of the city/town where you war	-41	(
	Name of the city/town where you wer V	-4.2	
+Q2			
+Q2	Name of the city/town where you was V	4.3	
-Q2 -Q3 -Q4	[fame of the city/town where you wer V] [fame of the city/town where you wer V]	-44	





Task



5. A CONFIRMATION SCREEN WILL DISPLAY ONCE YOU HAVE COMPLETED ALL THE REQUIRED FIELDS AND SUBMITTED.

Registration		
Ocnfirmation:	Task completed.	
	Thank you for registering with SAMS! To exit the system please click the 'Logout' button in the top right comer of the Si screen. What happens next:	AMS
	You have one last step to complete before your access may be activated.	
	Several aspects of the applications you use may contain sensitive or non-public information. This means the information contain could cause some kind of loss, embarrassment, or harm if it was misused or became widely known. Examples incl.	they ude:
	An application used to place orders for medical supplies Details about a person's health or medical condition Details about a company's trade secret	
	For CDC to provide you with access to this type of information, U.S. law requires that you first prove that you are who v claim to be and, by extension, that you are the person that should be working with this information. This process is calle Identity Verification.	you ed
Ocnfirmation:	You will scon receive an email from sams-no-reply@cdc.gov. The subject will be "U.S. Centers for Disease Control: SAMS Partner Portal-Identity Verification Request." This email will contain detailed instructions and a form for you to complete return. Additional information about the CDC identity verification process can be found in the documents provided below contacting your CDC program team or representative.	and or by
	Once you have provided the necessary proof of your identity, your registration is complete and the CDC program adminis for your application will be notified to review and approve your access.	trator
	If you have any questions or concerns, please contact the SAMS Help Desk between the hours of 8:00 AN and 6:00 PM Monday through Friday (excepting U.S. Federal holidays) or browse through the FAQ and user documentation provided by	EST elow.
	Toll Free: 877-681-2901 Email: samshelp@cdc.gov	
	SAMS User FAQ.	
	Identity Verification Overview.	





Version 2.0

CDC User Identity Verification Request Form

_ /2 /				\sim
	L			~
	secure ac	cess mar	nagemei	nt system

WITHIN AN HOUR YOU SHOULD RECEIVE AN EMAIL FROM SAMS-NO-6. REPLY(CDC) WITH THE SUBJECT OF CDC: SAMS PARTNER PORTAL -**IDENTITY VERIFICATION REQUEST FORM.**

roojing Ag	ent - Nota	ry to con	фiete.
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Photo Identity Document from List A (please choose only one):

***************************************	Applicant's Primary Photo Identity Document from List A
Applicant	State Issued Driver's License - ID Card Number:_ Passport - Passport Card Number:
Name: Préferred Name: Primary Phone:	U.S. Military ID Card Number: U.S. Permanent Resident Card Number: U.S. Employment Authorization Card Number:
Alternite Phone: Email:	above (please choose only one):
Verification Initiated On:	State Issued Driver's License - ID Card Number:
Applicant to complete:	Passport - Passport Card Number: U.S. Military ID Card Number:
Printed Name:	 U.S. Employment Authorization Card Number: Employee ID Card Number:
Date of Birth:	Voter ID or Registration Card Number: Certificate of Birth Abroad Number: Cardified U.S. Birth Cardificate Number:
Signature:	Centiled 0.3. Birth Centilicate Number
Today's Date:	*****
	Photocopy of ID:

Proofing Agent - Notary	
Proofing Agent-Notary Instructions: The individual presenting this form is requesting access to potentially sensitive Public Health information and-or information systems operated by the U.S. Centers for Disease Control and Prevention. Federal law requires each requestor's identity be verified prior to receiving authorization for access. You are being asked to assist in this important verification process.	
Step 1 - Please examine the Primary Photo Identification types listed below as presented by the	*****

- requestor. If the ID is unexpired and, in your opinion, appears legitimate, please compare the photo to the individual in front of you. If, in your opinion, the photo matches the person, please check the identity document type and record the document number.
- · Step 2 Please examine the Secondary Identification document types listed below as presented by the requestor. If the document is unexpired and, in your opinion, supports the Primary Photo Identification and appears legitimate, please check the identity document type and record the document number (if any).
- Step 3 If you are a Notary Public, please also include your stamp-seal. If you are a designated CDC Proofing Agent, please provide your CDC email address or SAMS ID.

Applicant's Secondary Identity Document from List B - must be different than the Primary Photo ID above (please choose only one):
State Issued Driver's License - ID Card Number: Passport - Passport Card Number: U.S. Military ID Card Number: U.S. Employment Authorization Card Number: Employee ID Card Number: Voter ID or Registration Card Number: Certificate of Birth Abroad Number: Certificate of Birth Abroad Number: Certificate Sumber:

Photocopy of ID:
•••••
Proofing Agent-Notary Printed Name:
Proofing Agent-Notary Signature:
CDC Email Address or SAMS ID (if applicable):
Today's Date:







PRINT THE EMAIL/FORM AND FOLLOW INSTRUCTIONS PROVIDED 7.

CDC User Identity Verification Request Form Version 2.0 ***** *****

Applicant

Name: Jane Mary Doe

Preferred Name: Jane

Primary Phone: 123-456-7890

Alternate Phone: Email: JaneDoe@email.com

Verification Initiated On: 2/6/2017

Applicant to complete:

Printed Name:

Date of Birth:

Signature:

Today's Date:

***** *****

Proofing Agent - Notary

Proofing Agent/Notary Instructions:

The individual presenting this form is requesting access to potentially sensitive Public Health information and-or information systems operated by the U.S. Centers for Disease Control and Prevention. Federal law requires each requestor's identity to be verified prior to receiving authorization for access. You are being asked to assist in this important verification process.

- · Step 1 Please examine one of the photo identification types listed below as presented by the requestor. If the ID is unexpired and, in your opinion, appears legitimate, please compare the photo to the individual in front of you. If, in your opinion, the photo matches the person, please check the identity document type and record the document number. Please then sign and date this document as indicated below.
- · Step 2 If you are a Notary Public, please also include your stamp-seal. If you are a designated CDC Proofing Agent, please provide your CDC email address or SAMS ID.

Proofing Agent - Notary to complete:
Applicant's Photo Identity Document (please choose only one):
State Issued Driver's License - ID Card Number:
U.S. Passport or Passport Card Number:
U.S. Military ID Card Number:

Photocopy of ID:

Proofing Agent-Notary Printed Name:
Proofing Agent-Notary Signature:
CDC Email Address or SAMS ID (if applicable):
Today's Date:

For Notaries Only:
Notary Commission Expiration Date:
Notary Stamp - Seal (required):







- 8. PRIOR TO COMPLETING THE NEXT STEPS, PLEASE BE SURE TO READ ENTIRE DOCUMENT AND ALL INTSTRUCTIONS BEFORE TAKING ACTION.
- 9. COMPLETE THE APPLICANT SECTION IN THE INCLUDED FORM.
- 10. TAKE THE PRINTED FORM, ALONG WITH APPROPRIATE PHOTO IDENTITY DOCUMENTATION TO A PROOFING AGENT (A NOTARY PUBLIC OR CDC EMPLOYEE). HAVE THEM VERIFY YOUR IDENTITY AND COMPLETE THE 'PROOFING AGENT - NOTARY' SECTION. THE CDC PROOFING AUTHORITY WILL REQUIRE YOU TO PROVIDE A PHOTO ID WITH YOUR CORRECT HOME ADDRESS TO COMPLETE THEIR VALIDATION.
- 11. IF THE ADDRESS DOES NOT MATCH, FOR EXAMPLE BECAUSE YOU RECENTLY MOVED, PLEASE SUBMIT A PHOTOCOPY OF A UTILITY BILL, PAY STUB, VOTER REGISTRATION CARD OR OTHER DOCUMENT WHICH DISPLAYS YOUR CURRENT HOME ADDRESS AND CAN BE USED FOR VALIDATION. YOUR LEGAL NAME ON YOUR IDENTIFICATION MUST ALSO MATCH WHAT WAS PROVIDED IN SAMS.
- 12. A COPY OF THE PHOTO ID USED FOR THE PROOFING AGENT MUST BE SUBMITTED WITH YOUR APPLICATION PACKET.







12. SUBMIT THE COMPLETED FORM AND ALL REQUIRED SUPPLEMENTAL DOCUMENTS TO SAMS BY FOLLOWING INSTRUCTIONS PROVIDED IN EMAIL.

ACCEPTABLE MECHANISMS FOR SUBMISSION ARE:

 Upload a single PDF that includes all of your proofing documentation (form, scan(s) of identification, notary stamp, supplemental documentation, etc.) *Preferred Method
 Fax: Toll Free: 877-681-2899

Mail: Centers for Disease Control and Prevention Attn: Proofing Authority 1600 Clifton Road MS K-94 Atlanta, GA 30329







- 13. IF YOU UPLOAD YOUR DOCUMENTATION YOU WILL RECEIVE AN EMAIL NOTIFICATION WHEN YOUR DOCUMENTATION HAS BEEN SUCCESSFULLY DELIVERED TO THE CDC PROOFING AUTHORITY. OTHERWISE YOU WILL NOT RECEIVE A NOTIFICATION UNTIL YOUR DOCUMENTATION IS REVIEWED.
- 14. ONCE SUBMITTED THE CDC PROOFING AUTHORITY WILL PROCESS YOUR APPLICATION. THIS PROCESS COULD TAKE UP TO TWO WEEKS. UPON APPROVAL THE FEDERAL SELECT AGENT PROGRAM WILL BE NOTIFIED THAT YOUR APPLICATION WAS COMPLETED AND ACCEPTED ALLOWING SYSTEM ACCESS TO BE GRANTED. IF THERE IS AN ISSUE WITH YOUR SUBMISSION YOU WILL RECEIVE AN EMAIL WITH DETAILS OF THE ISSUE.
- 15. ONCE SYSTEM ACCESS HAS BEEN COMPLETED YOU WILL RECEIVE AN E-MAIL WITH INSTRUCTIONS TO ACCESS THE SYSTEM.





ID Proofing Best Practices



1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.

2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent: a Notary Public or person specifically designated by CDC to conduct identity verification, or a CDC employee. Have them verify your identity and complete the 'Proofing Agent - Notary' Section. Acceptable forms of identification are listed in the table below:

*You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B. A copy of each ID must be included in your submission.

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state or outlying possession of the US	Driver's license or ID card issued by a state or outlying possession of the US
U.S. Passport or U.S. Passport Card	U.S. Passport or U.S. Passport Card
U.S. Military ID	U.S. Military ID
U.S. Permanent Resident Card	U.S. Permanent Resident Card
U.S. Employment Authorization Card	U.S. Employment Authorization Card
	Employee ID Card issued by your organization that includes: - Your name - Your organization name - Your photo
	State-issued Voter ID or Registration Card
	Certification of Birth Abroad issued by the U.S. Department of State





ID Proofing Best Practices



Original or Certified copy of birth certificate issued by state, county, municipal authority, or territory of the U.S. bearing an official seal

3. Confirm the photo ID being submitted contains your home address information. If the photo ID being used does not include your home address, for example if a U.S. Passport is used, please submit a photocopy of a utility bill, pay stub, voter registration card or other document which displays your current home address and can be used for validation.

4. Confirm the home address information on your photo ID, or other supplemental documentation, matches the home address you provided when you registered with SAMS. If the address does not match, for example because you recently moved, please submit a photocopy of a utility bill, pay stub, voter registration card or other document which displays your current home address and can be used for validation.

5. Submit the completed form via Upload or Fax, along with photocopies of your identity documentation and any supplemental documentation needed, to SAMS by following the instructions below.





Helpful Tips for Proofing Process



Consistency Counts

The purpose of Identity Verification is to establish that you are who you claim to be. In order to complete this process, the information you provide must be accurate and consistent. Here are some ways to make the process run smoothly:

- Upload your documentation via the SAMS website. For step-by-step instructions on how to upload a document, please reference this guide. Submissions via fax or standard mail take much longer to process.
- If the name on your ID does not match the name you used during registration (you got married; you had a legal name change; etc.), you'll need to provide supporting documentation with your request form - for example: a copy of your marriage license or order of legal name change. Your name in SAMS must reflect your current legal name.
- If the address on your ID does not match the address you used during registration (you moved), you'll need to provide supporting documentation with your request form for example: a copy of your voter registration card or a utility bill in your name that shows the new address. Your address in SAMS must reflect your current home address.
 If you have any questions about what is required, please contact the CDC Proofing Authority at the SAMS Help Desk using the information provided below.





Helpful Tips for Proofing Process (cont.)



Make Legible Photocopies

In order to speed you through the Identity Verification process, please ensure that your documents copy, scan, and fax cleanly. Specific things you can do include:

- Select the 'Enlarge' option when photocopying your ID 50 or 100 percent enlargements help make your documents more legible.
- Ensure good contrast and clarity on your original photocopy before you fax.
- Set your scanner or fax to a high dpi or 'fineness' setting the bigger the better.
- If an embossed notary stamp is used, please darken the impression with a pencil so it will be clearly visible when scanned.

For more information and assistance, please see the SAMS FAQ located here, or contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following: Toll Free: (877) 681-2901 Email: samshelp@cdc.gov



Frequently Asked Questions? (FAQs)











Why do I need to present identity documents to a Notary Public?

- In order to provide individuals with access to non-public information, U.S. law requires the identity of potential users to be verified.
- The process requirements followed by CDC have been defined by the National Institute of Standards and Technology and are required for access to all CDC non-public applications.











Is the identity verification process similar to a background check?

• No, identity verification is only used to confirm that you have registered using your true identity and that no one else is attempting to impersonate you.









SAMS

The name I entered on the SAMS registration form does not match my photo ID. What do I do?

- If the name on your photo ID does not match the name used during registration (i.e. if you were recently married or divorced), you must supply, as appropriate, a legal change of name certification, marriage certificate, etc.
- If a birth certificate is provided as documentation the name on the certificate must match the name provided in SAMS or additional documentation, marriage or divorce certificate, must be provided to explain the discrepancy.
- Please photocopy all required supporting materials along with your photo ID and send them with your completed form.
- Questions regarding acceptable supporting documentation may be directed to CDC's Proofing Authority Help Desk – samshelp@cdc.gov





FAQs



The address I entered on the SAMS registration form does not match my photo ID (or photo ID doesn't contain address). What do I do?

- If the address on your photo ID does not match the address used during registration (i.e. if you recently moved) or if your photo ID does not contain an address, you must supply additional supporting documentation in your name such as a utility bill or voter registration card.
- Your address entered in SAMS must be a valid home address as important mail will be sent to you as part of the SAMS onboarding process.
- Please photocopy all required supporting materials along with your photo ID and send them with your completed form.
- Questions regarding acceptable supporting documentation may be directed to CDC's Proofing Authority Help Desk – samshelp@cdc.gov









I registered with SAMS a week ago but have not received an email containing the identity verification form. Why not?

- Your SPAM filter may have blocked the email. Check your spam folder and/or speak with your organizations IT administrator.
- If you have not received the identity verification email, request it be resent to you by contacting the SAMS Help Desk at Phone: (877) 681-2901 SAMS or email: samshelp@cdc.gov.













Can I access multiple applications protected by SAMS without having to reregister/proof?

- SAMS users who have registered and have been proofed can, if granted, have access to multiple applications via a single SAMS account.
- If a user requires access to an application with a greater security rating than their currently approved SAMS security access level, they will be required to re-register.





FAQs





How long do I have to begin the registration process?

• After you receive the initial invitation, you'll have 30 days to complete the process. If you do not complete it within 30 days, you will need to submit a request to the SAMS Help Desk to have your account reactivated.





FAQs









• Yes, if you do not login to the account within one year, your account password will expire and you will need to contact the SAMS Help Desk to have it reset.









FAQs f



What is the CDC address that I should add to my Trust List within my email?

• SAMS@CDC.GOV





Points of Contact



For issues with the registration process contact: SAMS Help Desk Monday-Friday, 8:00AM to 6:00PM EST Excluding U.S. Federal Holidays 877-681-2901 samshelp@cdc.gov

Questions related to this training can be directed to dsatsamshelp@cdc.gov.





Federal Select Agent Program Training

For more information, please contact the Federal Select Agent Program

Telephone: 301-851-3300 Option 3 (USDA) or 404-718-2000 (CDC)

E-mail: <u>AgSAS@aphis.usda.gov</u> (USDA)or <u>Irsat@cdc.gov</u> (CDC)

Web: http://www.selectagents.gov





