

ARRANGEMENTS COMPLIANCE TRAINING (ACT) ATTESTATION

Instructions: Complete the information below, sign this form, and return it to the training presenter or to Heather Marcum, Compliance and Integrity Department.

Email: heather.marcum@kdmc.kdhs.us

Printed Name _____

Team Member ID, if applicable _____

Department Name _____

Supervisor _____

I certify that I completed the Arrangements Compliance Training on
_____, 20_____

I agree to comply with all Federal health care program requirements and understand it is my obligation to promptly report any suspected violations of any Federal health care program requirements, the Code of Conduct or of King's Daughters Medical Center's own policies and procedures.

SIGNATURE