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| **CODE OF CONDUCT CERTIFICATION**  **AND GENERAL COMPLAINCE TRAINING ATTESTATION** | | |
| *Instructions: Complete the information below, sign the form, date the form, and return to the training facilitator. You will not receive credit for the training if you do not complete, sign, date, and return the form.* | | |
| **Printed Name:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Team Member ID:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Department Name:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| € | I have received, read and understand the Code of Conduct. | |
| € | I certify that on the date below I received the General Compliance Training session which included education on KDMC’s compliance policies and procedures, Code of Conduct, reporting requirements for suspected violations of any Federal healthcare program and KDMC’s own Policies and Procedures. Based upon this education I agree: | |
| € | To abide by the Code of Conduct, the compliance program policies and procedures and the Medical Center policies and procedures. | |
| € | I agree to comply with all Federal health care program requirements. | |
| € | I understand it is my obligation to promptly report any suspected violations of any Federal health care program requirements, the Code of Conduct, or of the Medical Center’s own policies and procedures. | |
| € | I understand that failure to comply with the Code of Conduct and compliance program policies and procedures may lead to disciplinary actions, including possible termination of employment. | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | | |