

CODE OF CONDUCT CERTIFICATION AND INITIAL GENERAL TRAINING ATTESTATION

Instructions: Complete the information below, sign the form, date the form, check the boxes, and return to your King's Daughters Medical Center contact.

Printed Name: _____
Specialty/Company: _____
Supervisor: _____
Date _____, 20____

- € I have received, read and understand the Code of Conduct.
- € I certify that on the date below I completed the mandatory two (2) hour Initial General Compliance Training session which included education on KDMC's Corporate Integrity Agreement, 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.
- € I understand and agree to abide by the obligations set forth in the Corporate Integrity Agreement.

Signature