

INITIAL ARRANGEMENTS COMPLIANCE TRAINING ATTESTATION

Instructions: Complete the information below, sign the form, and return it to the training presenter or Heather Marcum, Compliance & Integrity Department (heather.marcum@kdmc.kdhs.us).

Printed Name _____

Team Member ID _____

Department Name _____

Supervisor _____

I certify that I completed the **INITIAL 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 the Medical Center's own policies and procedures.

SIGNATURE

Date