

**Fifth Reporting Period
General Compliance Training Attestation –
Vendor/Contractor/Excepted Provider**

Complete the information below, sign the form, and return it to your Medical Center contact or Heather Marcum, Compliance & Integrity Department heather.marcum@kdmc.kdhs.us).

Printed Name _____

Company Name _____

I certify that I completed the **Fifth Reporting Period General Compliance Training** on _____, 20____.

I certify I: (a) received, read and understand the content presented in the Fifth Reporting Period General Compliance Training module; (b) received, read and understand the Code of Conduct and policies contained in the training; (c) understand that if I have any questions about the content, I should contact Mona Thompson or Heather Marcum; (d) agree to follow the Code of Conduct; (e) agree to comply with all Federal health care program requirements; and (f) 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