



## **EMPLOYEE/PROFESSIONAL STAFF MEMBER COMPLIANCE CERTIFICATION**

I certify that I have received a copy of the Compliance Manual, OR at my personal election have reviewed its contents and acknowledge that I have access to the Compliance Manual in digital or paper copy; and that Facility's Compliance Program has been explained to me. I promise to comply with the terms of Facility's Compliance Program, including but not limited to, the Code of Conduct. I understand that violation of these terms may lead to disciplinary action, up to and including the termination of my employment or the termination or non-renewal of staff privileges.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

(Print Name)

Date: \_\_\_\_\_