

# COMPLIANCE CODE OF CONDUCT

## *Certification of Compliance*

Accountability | Stewardship | Professionalism | Integrity | Respect | Excellence

### ACKNOWLEDGMENT

I certify that I have received, read, understood, will abide by, and have received training on the University of Virginia Health System Compliance Code of Conduct and agree to participate in annual training as required by the UVA Health System Compliance Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member's Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

To the team member: *This signed form must be given to your supervisor/manager.*

To the supervisor/manager: *Place the signed form in the team member's competency file maintained in the department work area where the team member is currently assigned.*

