



## Compliance Training Certification

This certifies that as of the date indicated below, I have completed Broward Health's required General Compliance Training.

I further agree to and acknowledge the following:

- I have received, read, and understood Broward Health's General Compliance Training.
- I will comply with Broward Health's Corporate Compliance and Ethics Program, Code of Conduct, Policies and Procedures.
- I will promptly report any suspected violations of Broward Health's Corporate Compliance and Ethics Program, Code of Conduct, Policies and Procedures, and I understand how, and to whom, any suspected violations should be reported.
- I recognize that Broward Health's Compliance Training, Code of Conduct, and Broward Health Policies and Procedures may result in a number of consequences, including, but not limited to, termination.
- I acknowledge that if I do not understand any of the Broward Health Compliance Training, Code of Conduct, Broward Health Policies or procedures or the Corporate Integrity Agreement, I may contact the Corporate Compliance Department at: 954-473-7500 or [Compliance@browardhealth.org](mailto:Compliance@browardhealth.org).

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

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Region/Facility:** \_\_\_\_\_