



Code of Conduct Certification

This certifies that as of the date indicated below, I have completed Broward Health's Code of Conduct Module. I further agree to and acknowledge the following:

- ___ I have received, read and understand Broward Health's Code of Conduct.
- ___ I will comply with Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and Broward Health policies and procedures.
- ___ I will promptly report any suspected violations of Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and/or Broward Health policies and procedures.
- ___ I recognize that non-compliance with Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and/or Broward Health policies and procedures may result in a number of consequences, including but not limited to termination.

Signature: _____

Print Name: _____

Employee # _____

Title: _____

Date: _____

Region/Facility _____