



**EMPLOYEE ACKNOWLEDGEMENT
OF THE
CODE OF CONDUCT AND ORGANIZATIONAL INTEGRITY PROGRAM**

By signing this acknowledgement form, I attest to having received the Adventist HealthCare Organizational Integrity Program Handbook and the Code of Conduct, and that I have attended the Organizational Integrity Program Orientation, as a part of New Employee Orientation.

Also, I attest that I have not been convicted of, or charged with, a criminal offence related to health care, nor have I been listed by a state or federal agency as debarred, excluded or otherwise ineligible for participation in state or federally funded health care programs.

I understand that any violation of the Organizational Integrity Program, the Code of Conduct, or any other integrity policy or procedure may be grounds for disciplinary action, up to and including termination of employment. If I become aware of any potential violation, I will promptly report it to management or to a Local Integrity Officer.

I accept that the requirements of the Organizational Integrity Program go into effect when I sign this Employee Acknowledgement.

Name (Printed): _____ Dept: _____ Employee ID No. _____

Signature: _____ Date: _____

This form will be collected at Employee Orientation and forwarded to the Human Resources department for record keeping. Thank you.