

UPSTATE

MEDICAL UNIVERSITY

ACKNOWLEDGEMENT OF INSTITUTIONAL COMPLIANCE PROGRAM COMPLIANCE EDUCATION

My signature here means that I have received information regarding the Compliance program at Upstate University Hospital, including:

1. The Code of Conduct
2. Fraud & Abuse
3. How to Contact the Compliance Office
4. Availability of the Anonymous Compliance Hotline
5. Whistleblower Protection

I understand that if I become aware of any possible compliance concerns, even if I am not personally involved, I have a responsibility to contact the Institutional Compliance Office.

Date: _____

Employee's PRINTED Name: _____

Employee's Signature: _____

Employee ID # (Required): _____

Tracker Code: COMPLIANCE

If department cannot enter into Self-Serve Tracker, please send to Organizational Training & Development for entry

Mail to: JH Rm. 417 OR Fax: 464-4400