

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

Provider/Employee/Volunteer Code of Conduct Certification

This form accompanies the Department of Human Services Provider Code of Conduct and the Division of Services for People with Disabilities Code of Conduct. This form must be signed by all Providers, Employees, and Volunteers in Department of Human Services and Division programs, once a year.

By signing below, I acknowledge that:

I have read and been provided a personal copy of the Department of Human Services Provider Code of Conduct and the Division of Services for People with Disabilities Code of Conduct.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

Signature of Employee Date

Print Name: _____

Signature of Employer Date

Print Name: _____

Program/Facility Name *(if applicable)*

Employer/Program/Facility Address

City State Zip