

CODE OF CONDUCT CERTIFICATION

Provider/Employee/Volunteer

Form: 5-3

Version Date: December 2020

Instructions

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.

Acknowledgment and Signatures

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.

EMPLOYEE

Signature:

Date:

Print Name:

EMPLOYER

Signature:

Date:

Print Name:

Business Name:

Address: Include City, State, and Zip Code.