

Provider/Employee/Volunteer Code of Conduct Certification

This form accompanies the Department of Health and Human Services Provider policy 02-03 Code of Ethics and Conduct and Policy 01-05 Conflicts of Interest for Contracts and Grants. This form must be signed by all Providers, Employees, and Volunteers in the Department of Health and Human Services once a year.

By signing below, I acknowledge that:

I have read and been provided a personal copy of the Department of Health and Human Services Provider 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