

**UNIVERSITY OF KENTUCKY
CHANDLER MEDICAL CENTER
CORPORATE COMPLIANCE PROGRAM**

CORPORATE COMPLIANCE CERTIFICATION STATEMENT

Temporary Employment Program

I hereby acknowledge that on _____, I attended and completed
(Please print date clearly)
UKCMC corporate compliance program education and received a corporate compliance brochure.

By signing this certification statement I confirm and pledge the following:

1. It is my obligation to comply fully with all federal, state and local laws and regulations associated with the daily operations of the UKCMC as well as with professional, academic and business ethical and professional standards, the UKCMC Corporate Compliance Program (CCP), University governing and Administrative Regulations and UK Hospital policies and procedures and that failing to do so could lead to disciplinary action up to and including termination;
2. I understand that the STEPS compliance training program is specifically designed for STEPS employees and therefore, if at any time in the future, I begin regular employment at the UKCMC I will be required to attend a one-hour Corporate Compliance training session provided as part of UKCMC new employee orientation;
3. I have been informed that a copy of the UKCMC CCP is available in my department and that it is my responsibility to read and familiarize myself with the current version of the CCP including any supplements applicable to my job function, policies and procedures, directives or memorandum, and to maintain a reasonable level of knowledge of the CCP, including any revisions, throughout the course of my employment;
4. I understand that the UKCMC employs a Corporate Compliance Officer and Maintains a toll-free, 24-hour-a-day, seven-day-a-week Comply-Line operated by an independent contractor so employees can report, any conduct, which they believe, in good faith, is potentially illegal, unethical, or abusive. I understand that these calls are not recorded, traced, or in anyway answered in a manner that would reveal my identification unless I choose to identify myself;

5. I must report, within 24 hours, any conduct, which I am aware of and believe, in good faith, is illegal, unethical, or abusive. I can report to any of the following individuals: my supervisor, manager, division or department director, administrator or to the Compliance Officer either directly or by calling the Comply-Line. Failing to report can result in disciplinary action, up to and including termination;
6. I understand that if I make a good faith report I will not be subject to reprisal of retaliation in any manner whatsoever for making such a report. However, I will be subject to disciplinary action if I intentionally, and with malice, report a false allegation or deliberately abuse corporate compliance procedures. Further, I understand that making a good faith report will not exempt me from the consequences of impropriety or inadequate performance;
7. It is my intention to act in complete compliance with the CCP and, where necessary, to seek advice from the Compliance Officer concerning appropriate actions that I may need to take in order to comply with the CCP.

Signature

Print Your Name

Social Security Number

Person ID Number