The University of Medicine and Dentistry of New Jersey

Compliance Attestation

By signing this Attestation, I confirm that I have participated in the UMDNJ compliance training session and have received the UMDNJ Code of Conduct and the Conflict of Interest Policy.

I understand that I have an affirmative obligation to promptly notify my immediate supervisor, management, the Compliance Officer, or his/her designee of any improper activity by employees, agents or vendors of UMDNJ or any of its subsidiaries or affiliates that I believe to be a possible violation of, or inconsistent with, UMDNJ policies or any legal and regulatory requirements.

I understand that I have an affirmative obligation to cooperate in any investigation undertaken by UMDNJ.

Further, if! have knowledge that any such person or entity has been excluded from providing goods and services to any governmental health !Care program, including Medicare and/or Medicaid, I will immediately notify my immediate supervisor, management, the Compliance Officer, or his/her designee.

Lastly, I pledge to comply with the UMDNJ Code of Conduct and with all applicable federal and state laws and regulations regarding the health care and business activities of UMDNJ.

_____	_____
Print Name	Date
_____	_____
Signature	Unit/Department

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This form must be *returned* to the *Compliance Training Coordinator*