



2004 EMPLOYEE COMPLIANCE ACKNOWLEDGMENT FORM

Community Health Network of Connecticut (CHNCT) requires all employees to actively participate in the Compliance and Ethics Program. Each employee's responsibilities as they relate to the Compliance and Ethics Program contribute to CHNCT's effectiveness to prevent and detect instances of misconduct.

1. I have received, read and understand the Compliance and Ethics Program Manual.
2. I have participated in the annual Compliance and Ethics Program training. Date of Attendance: _____
3. I understand and acknowledge that I am responsible for complying with the standards presented in this manual and any related policies and procedures.
4. I further understand that I am responsible for completing an annual compliance training requirement (as determined by the Compliance Officer) on issues related to compliance.

Employee Name (Printed)

Employee Signature

Department

Date

Please return your signed Compliance Acknowledgment Form to the Compliance Officer.

Compliance Officer: Cory Ludington
Phone: 203-949-4124