

# CODE OF CONDUCT CERTIFICATION

**This certifies that as of the date indicated below, I have completed Broward Health's Code of Conduct Module. I further agree to and acknowledge the following:**

	<b>I have received, read and understand Broward Health's Code of Conduct.</b>
	<b>I will comply with Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and Broward Health policies and procedures.</b>
	<b>I will promptly report any suspected violations of Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and/or Broward Health policies and procedures.</b>
	<b>I recognize that non-compliance with Broward Health's Code of Conduct, Broward Health's Corporate Compliance and Ethics Program and/or Broward Health policies and procedures may result in a number of consequences, including but not limited to termination.</b>

**Signature:** .....

**Print Name:** .....

**Employee Number:** .....

**Title:** .....

**Date:** .....

**Region/Facility:** .....