Office of Healthcare and Regulatory Compliance
Contract Staff Member Training Attestation

Please print, complete, sign and return the form to your UConn Health supervisor.

- I have completed the following (check all that apply):
  a. ☐ UConn Health Compliance and Ethics Training
  b. ☐ UConn Health Privacy and Security Training
  c. ☐ Medicare Parts C and D General Compliance Training
  d. ☐ Combating Medicare Parts C and D Fraud, Waste and Abuse Training

- I have read, understood and will abide by the University of Connecticut Code of Conduct.

- I agree to abide by all policies referenced in these trainings.

- I have been informed about how to ask questions of, or to report concerns to, the UConn Health Office of Healthcare and Regulatory Compliance as well as the UConn Health Privacy and Security Offices.

- I understand that University policy prohibits retaliation toward any individual asking questions of, or reporting concerns to, the appropriate authority.

- I understand that violations of the University of Connecticut Code of Conduct and/or University/UConn Health policies may result in disciplinary measures as appropriate.

_____________________________________
Signature

_____________________________________
Printed Name

_____________________________________
Date

_____________________________________
UConn Health Department Name