

Madison County Acknowledgement Form Employee Compliance Training

Date of Training: _____ **Time of Training:** _____
Location: _____ **Instructor:** _____

Contents

- **Madison County's** Compliance Plan
- Code of Conduct
- Federal and State Regulatory Enforcement Agencies and Their Functions
- Regulatory History
- False Claims Act
- NY False Claims Act
- Whistleblower Provisions and Non-Retaliation Policy
- Expectations for Reporting Problems and Concerns
- Communication Channels (including name of Compliance Officer and methods to report)

- ✓ I acknowledge that I have viewed the Compliance training video on this date. I have been provided with the opportunity to ask any questions that I may have.
- ✓ I acknowledge that I have received and read a copy of the Compliance Plan and the Code of Conduct.
- ✓ I understand that I must comply with the Compliance Plan, the Code of Conduct, all laws, regulations, policies and procedures, and guidance provided.
- ✓ I understand that I must report any instances of possible violations of the Compliance Plan, the Code of Conduct, laws, regulations, policies and procedures to a member of management or the Compliance Officer.
- ✓ I understand that **Madison County** maintains a hotline for confidential or anonymous reporting of possible violations of the Compliance Plan, the Code of Conduct, laws, regulations, policies and procedures.
- ✓ I understand that my failure to comply with the Compliance Plan, the Code of Conduct, laws, regulations, policies and procedures or to report possible violations may result in disciplinary action, up to and including termination.

Print Name _____ Title _____

Signature _____ Date _____