

**Madison County  
Acknowledgement Form  
Governing Body Compliance Training**

**Date of Training:** \_\_\_\_\_ **Time of Training:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

- ✓ 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 \_\_\_\_\_

Please send completed acknowledgement form to:

Corporate Compliance Officer  
P.O. Box 605  
Wampsville, NY 13163  
ATTN: Eric Faisst

or

Fax (315) 366-2697  
ATTN: Eric Faisst