

**Madison County
Acknowledgement Form
Independent Contractor Compliance Training**

I, _____, acknowledge that I have viewed the Compliance training video on _____. I have been provided with the opportunity to ask any questions that I may have. I acknowledge that I have read the Compliance Plan and the Code of Conduct. I understand that I must report any instances of possible violations of the Compliance Plan and the Code of Conduct to the Compliance Officer. I understand that Madison County maintains a hotline for confidential or anonymous reporting of possible violations of the Compliance Plan and Code of Conduct. I understand that my failure to comply with the Compliance Plan and Code of Conduct or to report possible violations may result in termination of my contract with Madison County.

Name/Title

Business Name

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