ACKNOWLEGEMENT STATEMENT
UNIVERSITY OF CALIFORNIA, IRVINE
HEALTHSYSTEM STANDARD OF BUSINESS
CODE OF CONDUCT HANDBOOK

My signature on this form acknowledges that I have received and agree to read the University of California, Irvine, Health System’s Code of Conduct.

I confirm that I have not been excluded by the federal government from participation in any governmental program nor to the best of my knowledge, have I been proposed for exclusion. I agree to notify the Corporate Compliance Officer or the University’s Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health care program.

Signature of Participant: 

Please Print Name: 