

Please review the SDJMH - Code of Conduct online at  
<http://www.stdommd.com/mss/clinical-assistants>  
located under 'Additional Resources'

Section Number: **11**

Section Title: **ACKNOWLEDGMENT**

Department: Compliance

Date of Approval:

Date of Revision:

Section Description: Mandatory Form - Print, Sign & Return



## Code of Conduct Acknowledgment

I certify that I have read the St. Dominic-Jackson Memorial Hospital Code of Conduct. I acknowledge that it is the duty of every employee to report any alleged or suspected violations to the appropriate management or the Manager of Hospital Compliance.

\_\_\_\_\_  
Employee Name (please print) Employee Number

\_\_\_\_\_  
Signature Date

(Please return this completed form to Darryl Gilmore in Fiscal Services)