



COMPLIANCE ACKNOWLEDGEMENT AND CERTIFICATION FORM

I hereby acknowledge that I have received the South Texas Dental Associates, L.P.'s (STDA) policy entitled Summary of Key Laws Used to Enforce Compliance with Federal and State Health Care Program Requirements. I acknowledge that I have read and understand the policy, and have sought clarification of any portion of the policy, and have sought clarification of any portion of the policy or compliance program which I did not understand.

I agree to follow the compliance program and policies of STDA and I understand that a violation of the compliance program and/or policies may subject me to disciplinary action, up to and including termination. I also understand that adherence to the compliance program and policies may be part of each employee's workplace evaluation.

I certify that I am not knowingly currently debarred or excluded from participation in a federal healthcare program. I agree that if I become debarred or excluded, or if I become aware of any situation, in which I may become debarred or excluded, that I will immediately notify STDA. I understand that becoming debarred or excluded may result in my termination.

I certify that I am not aware of any unreported activities known or believed to be in violation of the compliance program or any applicable federal or state law, rule or regulation. If I become aware of unreported activities known or believed to be in violation of the compliance program or any applicable federal or state law, rule or regulation, I agree to immediately report it to management and/or the Director of Quality Assurance.

I acknowledge that I have completed, or within the applicable timetable will complete, any required compliance education and training for my position.

\_\_\_\_\_  
PRINTED EMPLOYEE NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE