

FORM B
COMPLIANCE TRAINING ACKNOWLEDGEMENT

Name of Employee: _____

Job Title: _____

Work Site: _____

Date of Training: _____

Training Site: _____

Instructor: _____

I acknowledge and agree that I completed the ARC Compliance Training program, inclusive of The health Insurance Portability and Privacy Act Compliance Plan, on the date specified above.

I acknowledge that I have received and read a copy of the ARC Compliance Plan and the Code of Conduct and an explanation of the federal False Claims Act.

I understand that I have a continuing responsibility to comply with the Code of Conduct and participate fully in ARC'S Compliance Program in its entirety.

I understand that my failure to comply with the Compliance Plan, The health Insurance Portability and Privacy Act Compliance Plan, the Code of Conduct, laws, regulations and policies and procedures or to report possible violations may result in disciplinary action, up to and including termination.

Signature: _____