

PROVIDER/EMPLOYEE/VOLUNTEER CERTIFICATION

(This must be signed by every provider, employee, and volunteer in Human Services programs.)

I have read and been provided a personal copy of the Department of Human Services Provider Code of Conduct 05-03 and Division of Services for People with Disabilities - Policy 5-3.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

Signature

Date

Signature

Date

Program/Facility

Address

City Zip