

CODE OF ETHICS

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of Virginia Department of Health Policy No. 01.06.103, Code of Ethics. Your signature is intended only to acknowledge receipt of this summary; it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

This document will be maintained in your official personnel record.

Employee's Name (please print): _____

Employee's Signature: _____

Date: _____