Will County
Health Department &
Community Health Center

Certification of Commitment

I hereby acknowledge and certify that I have received and reviewed a copy of the Health Center's Standards of Conduct and understand that it represents mandatory policies of the Health Center.

By signing this form below, I agree to abide by these Standards of Conduct during the term of my employment or while otherwise authorized to serve on the Health Center's behalf. In addition, I acknowledge that I have a duty to report any suspected or known violation of the Standards of Conduct to the Compliance Office/Contact.

Please return the completed, signed Certification of Commitment to the Compliance Officer/Contact.

_____ _____

Date Signature

_____

Printed Name

_____

Title/Position

Rev. 1/5/24