

REGION: _____

COURSE TITLE: Annual General Compliance Training 2024

COMPLETION DATE: _____

Instructions: To receive credit for this course, complete the fields below. Print clearly. To complete the I.D. Number and Name fields, use the information as it appears on your paycheck.

Your Information		
EMPLOYEE/PHYSICIAN I.D. NUMBER		NUID #, IF KNOWN
LAST NAME	FIRST NAME	MIDDLE INITIAL
WORK PHONE NUMBER, TIELINE		WORK PHONE NUMBER, OUTSIDE (Pager#)
DEPARTMENT		LOCATION/FACILITY NAME Sacramento Valley Svc Area: SAC, ROS, SSC
Manager Information		
FIRST NAME: Cha Murphy, Gina Mazzuchi, Monica Fierro	TITLE: GME Program Coordinators	WORK NUMBER 916-6886813, 916-9736961, 916-9736950
Course Information		
DELIVERY TYPE SS — Self-Study		COURSE ID CPL:NACPL ACT 2020

Course Completion Attestation

I understand that required compliance training is an important part of Kaiser Permanente’s compliance program and that Kaiser Permanente verifies and audits the completion of training by employees. My signature indicates that I personally reviewed and completed all portions of the *Annual General Compliance Training 2020* course, and no one has completed any portion of this course on my behalf.

X
SIGNATURE
DATE ATTENDED/COMPLETED

Principles of Responsibility Attestation

- I have received and read a copy of the Principles of Responsibility.
- I understand that I am expected to conduct myself in an ethical and responsible manner in compliance with the Principles of Responsibility at all times. I also acknowledge my failure to comply with these principles can result in disciplinary action, up to and including termination.
- I understand that I am also required, in good faith, to report any suspected compliance concerns, including fraud, waste, and abuse I become aware of, and that I am protected from retaliation for reporting wrongdoing.
- If I have any questions, I will seek clarification from the compliance and ethics resources listed in the “Know How to Get Help” chapter.

X
SIGNATURE
DATE ATTENDED/COMPLETED
Please check your classification:

<input type="checkbox"/> KP Employee (Employee, Per Diem, etc.)	<input type="checkbox"/> PMG Physician (Physician, Per Diem, etc.)
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X Resident (CONTINGENT)