



Wisdom. Compassion. Integrity.

Training Certification

The undersigned student hereby acknowledges that he or she has been provided a copy of Galen Medical Group's Physician Compliance Plan, Employee Handbook, and HIPAA Privacy and Security policies and that the employee has read and understands the provisions thereof. The undersigned employee further acknowledges that they have been provided the contact name and number regarding any concerns they may have in relation to Galen's Compliance Plan as well as the appropriate protocol to follow if they need to report confidentially any concerns or complaints in the business operations of the corporation that may be in violation of the Compliance Plan.

The undersign student further acknowledges that he or she has received a copy and completed the required Galen annual training and/or received equivalent training through their educational institution.

X

Printed Name