

**ACKNOWLEDGEMENT OF
STANDARDS OF BUSINESS CONDUCT HANDBOOK**

My signature on this form acknowledges that I have received from UCLA and agree to read the UCLA Medical Sciences Code of Conduct Handbook.

I confirm that I have not been excluded by the federal government from participation in any governmental program nor, to the best of my knowledge, have I been proposed for exclusion. I agree to notify the Chief Compliance Officer or the University's Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health program.

Name (*Please Print*)

Signature

Employee ID Number (*Required*)

Department (*Required*)

Date