

CORPORATE COMPLIANCE TRAINING ATTESTATION

Name (please print): _____

Agency Affiliation/Job Title: _____

My signature below indicates that (check all):

- I have viewed and understand the Region 10 PIHP Corporate Compliance Powerpoint on ____/____/____.
- I have reviewed and understand the St. Clair County Community Mental Health Policy #01-002-0020 *Corporate Compliance Complaint, Investigation & Reporting Process* on ____/____/____.
- I have reviewed and understand the St. Clair County Community Mental Health *Corporate Compliance Program Plan* on ____/____/____.
- I have reviewed and understand the St. Clair County Community Mental Health Corporate Compliance flyer on ____/____/____.
- I have achieved functional competency in the training subject matter and agree to comply with the requirements.
- I understand that if I have any questions regarding the training subject matter, I may contact the St. Clair County Community Mental Health Corporate Compliance Officer, Tracey Pingitore, for clarification.

Signature: _____ Date: _____

Upon completion of this training, please forward this training attestation to your organization's human resources/training representative.



3111 Electric Avenue
Port Huron, MI 48060
Phone: 810-985-8900