

CORPORATE COMPLIANCE TRAINING ATTESTATION

I, _____ (print name), have read and agree to the Corporate Compliance expectations of Pine Valley Healthcare & Rehabilitation Center ("Pine Valley" or "Organization"), as necessitated by my relationship with Pine Valley. As a part of that education, I was trained on the Pine Valley Corporate Compliance Program (the "Compliance Program") and received a copy of the Pine Valley Code of Conduct (collectively with the Compliance Program, the "Compliance Materials"). I have read and understand the Compliance Materials, and agree to abide by all rules and regulations described therein including, but not limited to, my obligation to report any suspected compliance violations and that there shall be no consequences for reporting any compliance violations. I acknowledge and agree that my failure to comply with the Compliance Materials will subject me to disciplinary action, up to and including termination. If a board member, may be restricted from serving on the Trustee Board or excluded from Pine Valley decisions. If outside party (vendor), I may be subject to cancellation of contract. If physician, my Pine Valley privilege may be revoked. If volunteer, I may be prohibited from volunteering.

Print Name

Signature

Date