



**ACDS Corporate Compliance**  
Acknowledgement of Training

Location: Virtual Zoom Session  
Instructor: Compliance Committee

- ACDS Compliance Overview
  - Code of Ethics (including Acknowledgement)
  - Conflict of Interest Policy (including Acknowledgement)
  - Whistleblower Protection Policy (Non-Retaliation)
  - False Claims Acts
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- I acknowledge that I have attended Corporate Compliance training on this date. I have been provided with the opportunity to ask any questions that I may have.
  
  - I acknowledge that I have received and read a copy of the Code of Ethics, Conflict of Interest Policy, and Whistleblower Protection Policy.
  
  - I understand that I must comply with the Corporate Compliance Program, the Code of Ethics, all laws, regulations, policies and procedures, and guidance provided.
  
  - I understand that I must report any instances of possible violations of the Corporate Compliance Program, the Code of Ethics, laws, regulations and policies and procedures to a member of management or the Compliance Committee.
  
  - I understand that ACDS will maintain a hotline for confidential or anonymous reporting of possible violations of the Corporate Compliance Program, the Code of Ethics, laws, regulations and policies and procedures.
  
  - I understand that my failure to comply with the Corporate Compliance Program, the Code of Ethics, laws, regulations and policies and procedures or to report possible violations may result in disciplinary action, up to and including termination.

Print Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_