INSTITUTIONAL COMPLIANCE AGREEMENT

Your signature on this form affirms you are not currently excluded or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs and that you have not been convicted of a criminal offense related to the provision of health care items or services. Your eligibility to participate in Federal health care programs is a condition of your employment with the University. If you are at anytime excluded, debarred or otherwise declared ineligible to participate in Federal health care programs (other than through a College of Medicine approved “private contracting” arrangement) or in Federal procurement or non-procurement programs or are convicted of a criminal offense related to the provision of Health care items or services, your employment may be terminated immediately.

I have read and understand the above Compliance requirement.

___________________________________
Name (Please Print or Type)

___________________________________
Signature

___________________________________
Date