**Penndel Mental Health Center**

**Corporate Compliance Plan Acknowledgement**

I hereby acknowledge having received a copy of the recently revised and updated Corporate Compliance Plan dated 5/4/2023.

I understand that it is my responsibility to adhere to all applicable items within the Plan as a condition of my employment with Penndel Mental Health Center.

If I am unclear about any item(s) in the Plan, I will seek clarification from my supervisor or PMHC’s Corporate Compliance Officer.

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**Type or Print Name Signature\* Date**

\*Note: Signature is not required if form is submitted directly via your work or personal email account.

**Return this completed form to Carrie Myers, HR Director, at cmyers@penndelmhc.org**