



Heritage
Provider Network
&
Affiliated Medical Groups

Program: Employee Training

Reviewed by: Human Resources

Date: 10/13/2011

Title of Form: Acknowledgement of Training

Acknowledgement of Training

I acknowledge that I have completed the following check-marked training module(s) from Heritage Provider Network (HPN). I understand and will adhere to the policies and procedures mentioned in the training materials provided by HPN. If I learn that there has been a violation of the regulations, I will contact my Compliance Officer, Human Resources, or my supervisor.

No.	Name of the Training	Completed
1	HIPAA Compliance and Enforcement	√
2	Sexual Harassment	√
3	Fraud, Waste and Abuse	√
4	Code of Conduct	√
5	Injury and Illness Prevention Program	√

Print Name

Signature

Date