



**KANSAS HOSPITAL ASSOCIATION
ANNUAL COMPLIANCE CERTIFICATION**

I, _____, hereby acknowledge that I have received the Kansas Hospital Association’s Corporate Compliance Manual, with appendices (collectively, the “Manual”), that I will continue to abide by its requirements, including the Code of Conduct; and that I will cooperate with the Association as it carries out the Compliance Program described in the Manual.

In this Certification, unless otherwise stated, all references to the Association also apply to KHA-related organizations specifically the Kansas Hospital Education and Research Foundation (KHERF), Kansas Health Service Corporation (KHSC), Associated Purchasing Services (APS), KHA Workers’ Compensation Fund, and Kansas Hospital Association Political Action Committee (KHA PAC).

I certify that (check one):

I AM NOT AWARE of any activities or practices conducted by the Association or anyone affiliated with the Association, including myself, that may constitute a violation of the Compliance Program or applicable laws or regulations.

I AM AWARE of activities or practices conducted by the Association or someone affiliated with the Association (which could include me) that may constitute a violation of the Compliance Program or applicable laws or regulations. These activities or practices may be described as follows: _____

ACKNOWLEDGED AND AGREED:

Signature

Name (printed)

Title (Designate as Board Member, Employee or Other)

KHA Organization (Choose One: KHA, KHERF, KHSC, APS, Work Comp Fund or KHA PAC)

Date