

**BAYHEALTH MEDICAL CENTER, INC.**  
**STATEMENT OF UNDERSTANDING OF AND COMPLIANCE WITH**  
**CORPORATE COMPLIANCE PROGRAM AND**  
**CODE OF CONDUCT**

I certify that I have read and understand the Code of Conduct and the Corporate Compliance Program and agree to abide by it during the entire term of my employment. I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Conduct or the Corporate Compliance Program to the Compliance Officer. Unless otherwise noted below, I am not aware of any possible violation of the Code of Conduct or the Corporate Compliance Program. I also certify that I have not been convicted of, or charged with, a criminal offense related to health care nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.

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<b>Date</b>	<b>Signature</b>
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<b>Print/Type Name</b>	
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<b>Position or Student/Faculty and School or College</b>	