

STATEMENT OF COMPLIANCE

I acknowledge that I have been informed that DUHS has implemented a compliance program for a number of purposes, including, but not limited to, ensuring that the provision of, and billing for, care at DUHS is in compliance with applicable federal and state laws and DUHS operations are conducted in accordance with applicable laws and regulations. I acknowledge that I have reviewed the DUHS Code of Conduct (<http://www.procurement.duke.edu/procurement/vendor/codeofconduct.html>) and that I will adhere to and support the policies set forth therein.

I further state that: _____

- 1) has not been convicted of a criminal offense related to healthcare
- 2) is not currently under sanction, exclusion, or investigation (civil or criminal) by a federal or state enforcement, regulatory, administrative, or licensing agency or otherwise ineligible for federal or state program participation
- 3) is not currently listed on the General Service Administration List of Parties Excluded from the Federal Procurement and Non-Procurement Programs.

I will notify DUHS in the event of any investigation, civil or criminal, of any of the above.

Name	Title	Date
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Company

Address

Please return signed copy to:
Procurement and Supply Chain Management
Fax #: 919-684-4344