



**Ethics & Compliance Department  
Compliance Training Attestation  
Individual**

**Compliance Training**

**Directions: Please read the information below and mark your selections by checking the boxes.**

During Banner Health’s current Corporate Integrity Agreement Reporting Period<sup>1</sup>:

- I am participating in my organization’s compliance program training related to Federal health care program requirements, including the requirements of the Anti-Kickback Statute and the Stark Law.  
 Yes  
 No
- I have read and understand Banner Health’s Compliance Program & Corporate Integrity Agreement Handout.  
 Yes  
 No

**Information and Signature**

**By signature, I certify that the information provided here is true and correct and I understand Banner Health may request additional information to substantiate the statements made in this attestation.**

Name (Printed)	
Signature	Date (xx/xx/xxxx)
Email Address	

**Please email your completed attestation to [bannerhealthcompliancetraining@bannerhealth.com](mailto:bannerhealthcompliancetraining@bannerhealth.com).**

<sup>1</sup> Each Reporting Period is April 9th – April 8th.