

**ACKNOWLEDGEMENT OF RECEIPT OF AND TRAINING IN  
PREVENTION OF FRAUD, WASTE, AND ABUSE POLICIES AND  
PROCEDURES**

I hereby acknowledge that the Facility has provided me with copy of the Facility's Fraud, Waste, and Abuse ("FWA") Policies and Procedures that I have reviewed. I further acknowledge that the Facility has provided me with FWA training in the form of the CMS provided FWA training. I am aware that I must report any compliance and ethics concerns to either my manager, the Administrator, the Compliance and Ethics Officer \_\_\_\_\_, or as a last resort by calling our Compliance and Ethics Hotline at (800) 610-2544. I hereby agree to abide by the requirements of the FWA Policies and Procedures.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\* Training must be completed within 30 days of initial hiring and annually thereafter.***