

**Acknowledgment**

I hereby acknowledge that I have received a copy of the *Code of Ethics, Cultural Diversity, Patient Safety Goals and Hand Hygiene Guidelines* and that I am responsible for becoming familiar with the contents. I understand that neither this guide nor any other documents represent an employee contract between the Company and myself.

In addition, I understand that the policies described in this guide are subject to the interpretation of the Company and may be changed or amended by the Company without notice.

Remember that good ethics is good business!

Employee Name: \_\_\_\_\_  
PLEASE PRINT

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the signed verification of Acknowledgment before accepting another assignment.**

**Please return to UNITED Medical Staffing Network.**

**ILLINOIS:**

**By fax (847) 228-0060**

**or mail to: 740 W. Algonquin Rd., Arlington Hts., IL, 60005**

**OHIO:**

**By fax (440) 243-9117**

**or mail to: 7530 Lucerne Drive, Cleveland, OH, 44130**