

[Insert Company Name and/or Logo]

Form	
Title:	Certification
Purpose:	Use this document to have your employees or sub-distributors certify compliance with key programme requirements
Effective Date:	[Enter date]

Please read each of the statements below and then initial each to certify your agreement. When you are finished, sign and date the certification.	
Initials	
	<ul style="list-style-type: none">I certify that I have received, understand, and will abide by the COMPANY NAME Code of Conduct.
	<ul style="list-style-type: none">I certify that I will comply with all [enter your company name] policies and procedures applicable to me as an employee or sub-distributor of [enter your company name].
	<ul style="list-style-type: none">I understand my responsibility to promptly report any actual or suspected violations of the law, regulations, or [enter your company name] policies and procedures through the appropriate channels, as local laws allow.
	<ul style="list-style-type: none">I certify that I have reported any actual or suspected violations of the law, regulations, or [enter your company name] policies and procedures through the appropriate channels, as local laws allow, and if not, I will do so immediately.
	<ul style="list-style-type: none">If you have a conflict of interest, please disclose it in the space below. An example of a conflict of interest may be if you are the immediate family member of an HCP or if you own a company that may provide services to our company. If you do not have a conflict of interest, please enter "None [localize/translate]" <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Name (printed):	
Signature:	
Date:	