



**The Valley  
Hospital**  
*Valley Health System*

**Student Statement of Understanding of:**

- (1) Corporate Compliance Program Policy**
- (2) Code of Ethics Policy**
- (3) Basic Laboratory Safety**
- (4) MLS Program Catalog**
- (5) Academic Standards & Essential Functions**

I certify that I have read and understand the (1) Corporate Compliance Program Policy; (2) Code of Ethics Policy; (3) Basic Laboratory Safety guidelines, and [4] MLS Program policies and procedures as stated in the program catalog. I agree to abide by all policies and procedures during my term at The Valley Hospital. I acknowledge that I have a duty to report any alleged or suspected violation of the Corporate Compliance Program, Code of Ethics, or Safety guidelines to a laboratory official who will notify a Compliance Officer.

Please check the boxes below, sign, date this form, and return to the Program Director.

I certify my review of the Corporate Compliance Program

I certify my review of the Code of Ethics.

I certify my review of the Safety guidelines and fire evacuation diagram.

I certify my review of the program catalog.

I certify my review of "The Academic Standards and Essential Functions" as required.

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Print Name

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Signature

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Date