

**CERTIFICATION OF COMPLIANCE & FWA TRAINING AND COMPLIANCE PROGRAM & STANDARDS OF CONDUCT COMPLETION**



**I hereby certify that I have completed CMS’ Compliance and FWA Training and read PacificSource’s Compliance Program and Standards of Conduct.**

**<TYPE YOUR NAME HERE>**

**<Insert Today’s Date>**

**This record must be trained be documented and retained for a period of 10 years.** **Proof of training attendance and completion will be subject to PacificSource and CMS audit and verification.**