



**By signing this form, I acknowledge that I have been oriented to the
Duke Medicine Compliance Program.**

**I have completed the
Duke Medicine Compliance Orientation Self-Study Module.**

**I have also reviewed the Duke Medicine Code of Conduct,
Integrity In Action,
and agree to abide by its terms as it may be amended from time to time.**

Name:

School:

Program of Study:

Date Completed:

Please return this sheet to:

**Dianne Homan, RN, MSN
Duke Education Services
DUMC Box 3883
Durham, NC 27710**

**Or FAX to 919-681-8051
Attn: Dianne Homan**