

Agreement of Compliance

Oconee Regional Medical Center
821 N. Cobb St.
Milledgeville, GA 31061
478-457-2124

I certify that I have read the Oconee Regional Medical Center's "Code of Conduct" booklet which summarizes ORMC's Legal Compliance Program and the conduct expected of me as a nurse at Oconee Regional Medical Center. I understand that the "Compliance Program Policy Manual" is available at the hospital administration office for my reference. I agree specifically to act in accordance with the policies of Oconee Regional Medical Center set forth in the "Code of Conduct" and "Compliance Program Policy Manual" and understand that I will be subject to disciplinary action, including termination of agency nurse status, for violating these policies or failing to report violations of these policies.

Agency Nurse Signature

Date

Witness Signature

Date

PRINT NAME: Last _____ **First** _____