



2024 Compliance Training Attestation

By completing this form, I attest that I have received and completed Family Choice ACO's ("FCACO") Compliance training.

I agree to report any and all suspected and actual instances of fraud, waste, and/or abuse or non-compliance to the Compliance Department. I understand that I am protected from retaliatory action for reporting in good faith, suspected or actual fraud, waste, and abuse and non-compliance, or for participating in any investigation.

Print Name: _____

Signature: _____

Date: _____