

**PROVIDER CODE OF CONDUCT  
CERTIFICATE OF UNDERSTANDING AND COMPLIANCE**

*(To be signed by all DHS Providers and their employees, volunteers and subcontractors.)*

I have read and been provided with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

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Signature of Employee or Volunteer

Date

Print Name: \_\_\_\_\_

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Signature of Supervisor

Date

Print Name: \_\_\_\_\_

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Program/Facility

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Street Address

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City, State, ZIP Code

**The Provider shall place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and shall make that file available to DHS upon request.**