Code of Ethics Training

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby attest that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I read and reviewed *Implementing Professional Boundaries, A Code of Ethics for Early Childhood Service Providers Working in the Home.*

I agree to adhere to this policy.

I understand that corrective action may be imposed for a violation of the Code of Ethics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

*This form will be retained in your file. A copy may be sent to the municipality you provide services under upon request.*