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Professional Ethics Attestation

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.

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 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.*

*A copy of the manual is available on our website under Provider Forms.*

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