

BRODY SCHOOL OF MEDICINE
at
EAST CAROLINA UNIVERSITY

CODE OF CONDUCT
ANNUAL ATTESTATION STATEMENT

I certify that I am familiar with the “Brody School of Medicine at East Carolina University Code of Conduct” and understand that it applies to my conduct as an employee of the Brody School of Medicine.

The document is located on the ECU website under the heading
Compliance: www.ecu.edu/compliance/forms/index.htm#compliance

Employee Signature: _____

Print Name: _____

Department: _____

Date: _____

PLEASE RETURN SIGNED FORM TO YOUR SUPERVISOR.

Received by: _____
Supervisor

Print Name: _____

Date: _____