

Non-Employed Worker education roster

I have completed the following Non-Employed Worker education self-study course and acknowledge that I am responsible for its content (please indicate the course completed by marking the appropriate box below with an "X"):

- Non-Employed Worker education – Contact with blood, body substances, or patients
- Non-Employed Worker education – No contact with blood, body substances, or patients

Date _____ Signature _____

Print Name _____

Novant Health Department/Facility _____

Agency/School/Employer _____

Corporate compliance agreement

I have completed general education on the purpose, scope and importance of the Novant Health compliance plan. I pledge to adhere to the code of ethics and the compliance plan. I understand that failure to comply with the compliance program may lead to disciplinary actions.

Date _____ Signature _____