

**UConn Health  
Office of Healthcare and Regulatory  
Compliance Student Training Attestation**

- I have completed the following:
  - a. UConn Health Compliance and Ethics Training
  - b. UConn Health Privacy and Security Training
- I agree to abide by all policies referenced in these trainings.
- I have been informed about how to ask questions of, or to report concerns to, the UConn Health Office of Healthcare and Regulatory Compliance, the Office of Privacy Protection and Management and IT Security.
- I understand that University policy prohibits retaliation toward any individual asking questions of, or reporting concerns to, the appropriate authority.
- I understand that violations of University/UConn Health policies may result in disciplinary measures as appropriate.

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**Signature**

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**Printed Name**

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**Date**