

Suffolk County Department of Health Services
Division of Services for Children with Special Needs

Suffolk County Code of Ethics Training Attestation for Independent Contractors

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*.

Print your name

Full Signature

Date Signed

This form is to be retained in your records and a copy sent to the Suffolk County Coordinator of Preschool Services.