



**CERTIFICATION OF COMPLIANCE & FWA TRAINING AND COMPLIANCE PROGRAM & STANDARDS OF CONDUCT COMPLETION**



**CONGRATULATIONS!**

You have completed the Centers for Medicare & Medicaid Services Parts C & D Compliance Training

**I hereby certify that I have completed CMS' Compliance and FWA Training and read Meridian's Compliance Program & Code of Business Conduct and Ethics.**

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Type Your Name Here

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Insert Today's Date

**This record must be trained be documented and retained for a period of 10 years. Proof of training attendance and completion will be subject to audit and verification.**