


Sample Certification Form

Certification of Adoption of the [Name of Code] of Ethics

[Insert Association Logo Here]



[Insert Association Name]

Medical technology companies may participate in this certification program. The certification affirms that the company has agreed to abide by the [Insert Association Name] Code of Ethics on Interactions with Health Care Professionals [Name of Code] and further that they have implemented policies and procedures to implement the [Name of Code] as part of an effective compliance program. The Certifications and the Logo License Program operate on a Calendar Year basis and both are now being accepted for [year].

A New Certification requires (Attachment A):

Two Signatures

the signature of the Chief Executive Officer or other senior individual with equivalent responsibilities (CEO); and

the signature of the Chief Compliance Officer or other senior individual with equivalent responsibilities (CCO).

Compliance Contact Information for posting on the [Insert Association Name] website with either:

Compliance Contact
(Individual or Dept. Name)
+
Telephone#
and/or
Email Address
(Compliance Hotline
Optional)

- OR -

Compliance Hotline

Electronic Submission:

Please transmit a PDF electronic copy via email to:
[Insert Email Address]

Please email a graphic file of your Company's logo to:
[Insert Email Address]

[Name of Code] Logo License Agreement (Optional)

[Insert Association Name] has developed a distinctive Code of Ethics Supporter Logo ("Logo") for medical technology manufacturers that have executed the Certification of Adoption of the [Name of Code] of Ethics ("Certification") and wish to use the Logo.

[Insert Code Logo]

A New Participant in the Logo Program requires:

A Completed Certification or Renewal Certification form (meeting the requirements noted above)

A completed Logo License Agreement Form (Attachment C) with the signature of the CCO emailed to [Insert Email Address].

Contact information to receive the invoice for the Royalty Payment ([Insert Payment Amount]/ year prorated)

A Renewal Certification requires (Attachment B):

One Signature

the signature of the Chief Compliance Officer or other senior individual with equivalent responsibilities (CCO), to attest that their company has previously certified and that the company continues to abide by the [Name of Code]

Updated Compliance Contact Information:

Update Compliance Contact Information if it has changed from the previous certification

Electronic Submission:

Please transmit a PDF electronic copy via email to:
[Insert Email Address]

[Insert Contact Information]

A Renewal Participant in the Logo Program requires:

A Completed Certification or Renewal Certification form (meeting the requirements noted above)

A completed Logo License Agreement Form (Attachment C) with the signature of the CCO emailed to [Insert Email Address].

Updated Contact information, if it has changed, to receive the invoice for the Royalty Payment [Insert Payment Amount]/ year prorated)

[Year]
RE-CERTIFICATION OF ADOPTION OF THE [ASSOCIATION NAME] CODE OF ETHICS

Pursuant to the [Name of Code] of Ethics on Interactions with Health Care Professionals ("[Association Name] Code"), medical technology companies, may certify that they have agreed to abide by the Code, and further that they have implemented policies and procedures to implement the [Name of Code] as part of an effective compliance program. This renewal certification requires a company's Chief Compliance Officer (CCO) or other senior individual with equivalent responsibilities to sign and affirm that their company has previously certified and that the company continues to abide by the [Name of Code]. [Association Name] will list the certifying company on the [Association Name] website in [year]. (see [insert website])

On behalf of _____
(Identify Company name or relevant portions/subsidiaries) ("Company"), I certify that, to the best of my knowledge and as of the date of this certification:

Our Company has previously certified that we will abide by the [Name of Code], and that we have implemented policies and procedures to implement the [Name of Code] as part of an effective compliance program.

I further certify that, since the time of our Company's most recent certification, there have been no material changes to the status of our Company in this regard.

CCO Signature
(or equivalent) _____
Name: _____
Date: _____
Title: _____
Company/
Division: _____
Mailing
Address: _____

UPDATE FOR COMPLIANCE CONTACT INFORMATION ON [ASSOCIATION NAME] WEBSITE:

Name: _____
Phone: _____
and/or
Email: _____

- OR -

Hotline Number: _____

This contact information will be posted to: [insert website here].

