



# UNIVERSITY HOSPITAL

Newark, New Jersey

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## University Hospital - Office of Ethics and Compliance

### STATE ETHICS COMMISSION

#### Uniform Ethics Code, Plain Language Ethics Guide and Impact Statement Receipt

I certify that on \_\_\_\_\_, \_\_\_\_\_, I received a copy of  
(Date) (Year)  
the Uniform Ethics Code and the Plain Language Ethics Guide. I acknowledge that I am  
responsible for reading these documents and understand that I am bound by them.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
University Hospital ID (A#)

\_\_\_\_\_  
Title and Department

\_\_\_\_\_  
Date

***Please complete and return this form to the Office of Ethics and Compliance:***

***Email: [rasjw@uhnj.org](mailto:rasjw@uhnj.org)***

***65 Bergen Street***

***PO Box 27050***

***Newark, NJ 07101-6750***