**Compliance Training Acknowledgement Form**

I acknowledge that I participated in UCP Central PA’s Compliance training and received information about the following information:

False Claims Act

Penalties and fines associated with violation of the False Claims Act

UCP Central PA’s Corporate Compliance Program

Code of Ethics and Business Conduct

Compliance Plan

My signature confirms my receipt of this information and copies of the Code of Ethics and Business Conduct, and the Compliance Plan.

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Printed Name

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Signature Date