

**CERTIFICATION OF COMPLETION OF TRAINING  
PHARMERICA COMPLIANCE AND ETHICS CENTER  
PROGRAM**



By completing and signing this Certification, I certify that I have attended, completed, and understand PharMerica's Compliance and Ethics Center Program course modules assigned to me.

Additionally, I attest that I have taken and passed the Knowledge Checks found at the end of my assigned course modules.

Course Taken:	<input type="checkbox"/> PMA999: The Company Code: Putting Principles into Practice <input type="checkbox"/> HEA426: Confidentiality Under HIPAA: Using Information <input type="checkbox"/> PMA901: Introduction to the Federal Anti-Kickback Law <input type="checkbox"/> PMA906: PharMerica Employee HIPAA Certification (Attestation)  <input type="checkbox"/> PMA904: Code of Business Conduct & Ethics Annual (Attestation)
Course Location:	_____
Date and Time:	_____

	Printed Name		Signature
Training Facilitator			

	SAP Personnel #	Printed Name	Signature
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