

EXHIBIT B

**ANNUAL CERTIFICATE OF COMPLIANCE
(Employees of the Departments of Health, Hospitals and Mental Health Only)**

Please read and answer the following:

- a) **(Check if applicable.)** I have indicated below all personal and family interests in or financial relationships with any competitor, vendor, or other company doing business with the County of Rockland Departments of Health, Hospitals, and Mental Health (“County of Rockland”).

Company Name	Relationship (Self/Family)	Type of Business	Description of Ownership or Financial Relationship

- b) **(Check if applicable.)** I/my family have/has no ownership interest in or any other financial relationship with any competitor, vendor, or other company that does business with the County of Rockland.
- c) Acknowledgment

I certify that I have read and understand the County of Rockland’s Corporate Compliance Program. I am complying and will continue to comply with all of the policies stated in the Program. I have no knowledge of any current violation of the Program. If in the future I should become aware of any violation, I shall report such violation to the CO via the Compliance Helpline or another method.

Type or Print Name

Position

Signature

Department

Date

Employee Number (SS#)