



TURNING POINT FAMILY CARE  
PO BOX 789, WASHINGTON, UT. 84780  
VOX: 435.674.7421 FAX: 435.674.3175

*PROVIDER/EMPLOYEE/VOLUNTEER CERTIFICATION*

(This must be signed by every provider, employee, and volunteer in Human Service Programs.)

I have read and been provided a personal copy of the Provider Code of Conduct.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date