

# BURRELL COLLEGE *of* OSTEOPATHIC MEDICINE

## ANNUAL COMPLIANCE ACKNOWLEDGMENT STATEMENT

I acknowledge that I have been informed of and have access to the Burrell College of Osteopathic Medicine Office of Institutional Effectiveness Compliance Presentation ([Annual Compliance - Contractors/Preceptors](#)), and that I am responsible for reading, understanding, and adhering to these standards:

- Compliance: Higher Education Act
- FERPA – Family Education Rights and Privacy Act
- FERPA Best Practices
- Title IX
- Prohibited Conduct Under Title IX
- Incident Reporting
- Ombuds Services
- Grievances

I understand it is my responsibility to seek clarification or explanation from my supervisor or the Office of Institutional Effectiveness if I do not understand any portion of the information provided.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_