



### ANNUAL ETHICS CERTIFICATION

I have reviewed the ethics materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Advisory Committee:

Please provide current information for our records:

Committee Member: \_\_\_\_\_

Title: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Telephone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please mail this form to:  
CDC FACMT - Ethics  
1600 Clifton Rd. m/s E72  
Atlanta, GA 30333

or Fax to: