

Acknowledgement of the FPMT Protecting from Abuse Policy

Please sign and return to Center Services, FPMT International Office

I confirm that I have read, understood, and agree to abide by the Protecting from Abuse policy.

I will complete the FPMT Protecting from Abuse Training Presentation within three months of signing this form, and the refresher training after three years.

I am aware that FPMT Inc. has procedures that will be followed in case of any allegations of ethical misconduct, as explained in the FPMT Ethical Policy.

Signed: *Please Print Name*.....

Position:.....

Affiliate Name (if relevant).....

Date:.....