

**ALBUQUERQUE AREA INDIAN HEALTH
SERVICE**

2004 Annual Ethics Training

I, _____ DHHS/IHS

Completed the 2003 Annual Ethics Training on,

_____ (date)

_____ (location)

(Employee Signature)

Upon completion, please send **PRINT** and sent this certification to:

**Betty L. Pino
Ethics Coordinator
Albuquerque Area Indian Health Service
5200 Homestead Road, NE
Albuquerque, New Mexico 87110**

******Form is filled by location (i.e. HQ, Tucson, Billings)
and is not subject to the Privacy Act.**