

**200\_ Annual Ethics Training \***

I, \_\_\_\_\_ **DHHS/ /** \_\_\_\_\_  
(Name) (Organization)

participated in the 200\_ Annual Ethics Training

on \_\_\_\_\_  
(Date) (Time)

\_\_\_\_\_  
(Employee Signature)

**Political appointees and OGC employees, who file a financial disclosure report with the OGC/Ethics Division, please send this form to:**

Edgar M. Swindell  
Designated Agency Ethics Official  
Associate General Counsel for Ethics  
Room 700-E, 200 Independence Avenue, S.W.  
Washington, D.C. 20201  
FAX (202) 205-9752

**All other employees please send this form to:**

HHS/Indian Health Service  
Area Ethics Contact  
Address  
City, State Zip Code  
Fax Number

**\*THIS FORM WILL BE RETAINED ON FILE IN YOUR DEPUTY ETHICS COUNSELOR'S OFFICE.**