



AUDIT ACKNOWLEDGEMENT

Form ACD-64

This signed document acknowledges that the IADC Auditor has reviewed the Audit findings and all program nonconformities (Corrective Actions) cited with

_____ with
(Responsible Individual's Name & Title)

(Provider Name)

The audit report and findings were reviewed for our _____
(Accredited Program)

program on _____.
(Date) I understand that a final and completed

copy of the Audit Report and Corrective Action(s) issued as a result of this audit will be sent to me by a representative from IADC's Quality Assurance/Quality Control Division upon his/her final review and processing. The process for resolving all nonconformities (Corrective Actions) has been explained to and understood by the undersigned.

(Signature)

(Date)