PRENATAL OUTREACH PROGRAM

**Conduct Policy**

I agree to maintain the professionalism and mission of the *ORGANIZATION NAME*  in my conduct with medical professionals.

I am committing to the following:

* Visiting assigned physician offices quarterly to build relationships of trust and distribute materials.
* Submit reports to my Medical Outreach Supervisor after each physician visit.
* Behave professionally in the manner described in the training session.

I acknowledge receiving and understanding the conduct policy regarding Prenatal Outreach Representatives for the *ORGANIZATION NAME* and agree to abide by the policy.

Printed Name

Signature Date

Witness Date

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