

Employer Verification of Bloodborne Pathogen Training

This form is to verify that _____
(Print student's name)

attended a bloodborne pathogen training that meets the OSHA Guidelines for providing direct patient care at:

_____ on _____
(agency) (date)

This training included the following:

- Review of OSHA standards and content
- Explanation of epidemiology. Symptoms of bloodborne diseases and transmission of bloodborne pathogens
- Explanation of worksite exposure plan
- Information on use and limitations of personal protective equipment, engineering and work practice controls
- Information about hepatitis vaccination
- Information on what to do in case of an exposure and post exposure evaluation and follow up procedures
- Explanation of signs, labels and color-coding for identifying bio hazardous materials
- TB/respiratory

(authorized signature of agency personnel)

(date)

(title)

I hereby acknowledge that I have received the above training:

(Student Signature)

(Social Security #)

Please check:

Undergraduate Student

Graduate Student

RN/BS Student

Please return this form to:

For Portland UG student and all Graduate students, mail this form to:	For UG Ashland students, mail this form to:	For UG Klamath Falls students, mail this form to:	For UG La Grande students, mail this form to:	For all RN/BS students, mail this form to:
OHSU School of Nursing SN-ADM Student Affairs 3455 SW US Veterans Rd Portland, OR 97201-2941	OHSU School of Nursing at Ashland 1250 Siskiyou Boulevard Ashland, OR 97520 c/o Paulette Mellecker	OHSU School of Nursing at Klamath Falls 3201 Campus Drive Klamath Falls, OR 97601-8801 c/o Sheryl Manning	OHSU School of Nursing at La Grande 1 University Blvd La Grande, OR 97850 c/o Lory Graham	OHSU School of Nursing at Ashland 1250 Siskiyou Boulevard Ashland, OR 97520 c/o Jean Goldberg