UNIVERSITY OF WASHINGTON
SCHOOL OF NURSING

BLOOD-BORNE PATHOGENS POLICY
ACKNOWLEDGEMENT STATEMENT

FOR STUDENTS WITH ACTIVE RN/PRACTITIONER LICENSURE

Each graduate student in the School of Nursing must sign and return this form to the UW School of Nursing. This requirement complies with UW School of Nursing affiliation agreements with clinical agencies and Occupational Safety and Health Administration (OSHA) rules, and has been developed for the safety of you and your clients, subjects, and/or patients.

Please read these directions CAREFULLY. Sign and return this acknowledgement form in one of two ways:

- Email to nscomply@uw.edu, or
- Bring to Student and Academic Services (located in room T-301 of the Health Sciences Building)

1. I have been provided with a copy of the School of Nursing Blood-Borne Pathogens (BBP) Policy (https://nursing.uw.edu/students/training/policies/bbp-exposure/).

2. I understand that prior to beginning an assignment in a clinical agency I must have received training in the following aspects of blood-borne pathogens:
   - epidemiology and symptoms of blood-borne disease
   - modes of transmission
   - explanation of the University exposure control plan (contained in the BBP Policy)
   - methods to control exposure
   - information on protective clothing and equipment
   - emergency information (contained in the BBP Policy)

I acknowledge having received BBP training either as a part of my prior work or educational experience, or by virtue of the fact that I am licensed as an RN/practitioner in the State of Washington.

PRINT NAME: _______________________________________________________________
SIGNATURE: ___________________________ DATE: ________________________
STUDENT ID NO.: __________________________________________________________
LICENSE NO.: ______________________  EXPIRATION DATE: ________________
DEGREE PROGRAM:     MN     MS     DNP     PhD     Certificate