

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 upload this acknowledgement form to your CastleBranch account.**

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