**VITALITY UNIVERSITY**

**OSHA TRAINING ACKNOWLEDGMENT FORM**

###### I, , acknowledge that I have received the following OSHA training and/or Clean Needle Technique/Blood Borne Pathogens training, and that I understand the content of the training. The OSHA training I have received is consistent with my job description and/or stage of clinical training.

* CNT/Blood Borne Pathogen training.
* Read and understand VU OSHA Manual.
* Read and understand VU Clinic Handbook.
* Read and understand OSHA-related front desk receptionist orientation material

###### JOB DESCRIPTION (Circle One):

VU Faculty Doctoral Student

Trainee Signature:

 Date:

Administrator Signature:

Date: