



Name: _____

ID#: _____

**SUNY Upstate Medical University
NEO Exception Infection Control/Bloodborne Pathogen Education
Completion Certificate**

My signature here confirms I have completed, prior to my entering any clinical area, the required Infection Control/Bloodborne Pathogen education. I take responsibility for contacting my supervisor should I have any questions on any of the education content.

Employee's Signature: _____

Date: _____

Tracker Code: BBP

Please return signed copy to:
Organizational Training & Development (OTD)
JH Rm. 417
