GEORGIA STATE BOARD OF PHYSICAL THERAPY
3920 Arkwright Rd., Suite 195, Macon, GA 31210
(404) 424-9966
https://sos.ga.gov/georgia-state-board-physical-therapy

ATTESTATION OF INSTRUCTION IN BLOOD BORNE PATHOGENS STANDARDS

I, _____, holder of Georgia license number _____, hereby, attests to each of the following (**You must check all statements and fill in all blanks in order to submit this form.**):

- ❑ I completed OSHA Blood Borne Pathogens education prior to December 31, 2015.
- ❑ The OSHA Blood Borne Pathogens coursework was taught in excess of the minimum 50 hours of dry needling instruction.
- ❑ I completed the OSHA Blood Borne Pathogens Standards course on or around _____ (Date).
- ❑ The OSHA course was provided by _____.
  (Name of Program/Entity/Organization)
- ❑ The instruction took place at _____.
  (Locations for each program)
- ❑ I am specifically trained and competent by virtue of education and training to perform dry needling techniques using the OSHA Blood Borne Pathogens Standards.
- ❑ I understand that a failure to make full and accurate disclosures within this attestation may result in disciplinary action against my license as determined by the Board.

Licensee Printed Name: _____

Signature: _____ Date: _____

Personally appeared before me, the undersigned official authorized to administer oaths, came the licensee named above who deposes and swears that he/she is the person who executed this attestation of instruction in Blood Borne Pathogens Standards in the state of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this
_____ day of _____, 20___

_____
(Notary Public)
My Commission Expires: _____