

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Council on Teacher Education
505 East Green Street
Suite 203, MC 425
Champaign, IL 61820



**Petition Procedures for Alternate Bloodborne Pathogens Training
Council on Teacher Education (CTE)**

Candidates who have completed Bloodborne Pathogens (BBP) annual training in a public school/agency and wish to substitute that for the required CTE training must provide CTE with the following documentation.

A letter on official school/agency letterhead that must include the date the training took place, confirmation that the training was provided by certified personnel, and be signed with an original signature (not a stamp). The title of the individual confirming the training must appear on the letter.

It is the responsibility of the candidate to obtain the letter and submit it to CTE for review. CTE staff will notify the candidate and the clinical experiences program coordinator of its decision by e-mail.

No candidate may participate in field experiences until the clinical experiences program coordinator has been notified by CTE staff that the candidate's petition for alternate BBP training has been approved or has successfully completed the CTE online BBP training.

**Alternate Bloodborne Pathogens Training Approval Form
Council on Teacher Education**

Candidate Name: _____

Candidate NetID: _____

Candidate E-mail Address: _____

Program: _____

___ Approved by CTE Date _____

___ Unapproved by CTE Date _____

For Office Use Only:

___ Sent to Clinical Experiences Program Coordinator Date _____

___ Sent to Program Candidate Date _____