BLOODBORNE PATHOGEN TRAINER APPLICATION

ENVIRONMENTAL HEALTH DIVISION

BODY ART PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706-1423
www.publichealth.lacounty.gov/eh
(626) 430-5570
bodyartprogram@ph.lacounty.gov

Must re-apply every three (3) years.

REQUESTOR INFORMATION		
	DATE OF REQUEST:	
	NAME OF PERSON SUBMITTING:	**TITLE OF PERSON SUBMITTING:**
	PHONE #:	**EMAIL:**

BUSINESS OWNER				
	NAME:			
	MAILING ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**
	PHONE #:	**E-MAIL ADDRESS:**		

WEBSITE		
	WEBSITE ADDRESS:	**TEMPORARY ACCESS CODE:**
	ONLINE COURSE LANGUAGE:	

REQUIREMENTS

The California Health and Safety Code Section 119307 requires that all Body Art Practitioners complete an annual bloodborne pathogens (**BBP**) exposure control training prior to registering with the Local Enforcement Agency (LEA). The **BBP** course must be approved by the LEA. To obtain approval as a BBP so you can provide training to practitioners you are required to complete the following.

SUBMIT ONE (1) COURSE PACKET AND INCLUDE ALL THE REQUIREMENTS BELOW.

APPLICATION

- Completed Bloodborne Pathogen Trainer Application form.
- Pay applicable fee: **$499.00**
- Services for this fee include the following:
  - Initial review of training materials to determine approval or if corrections are needed.
  - If needed, one review of resubmitted training materials.

NOTE: Additional fees may apply when more than two (2) reviews are necessary to approve the training course.

- Resume of trainer or trainers, including any training and experience as an instructor
- Course outline, including visual aids used (i.e., power point presentations, videos, handouts). The outline should include a tentative timeline for each topic.
- Method by which training and testing is conducted (i.e., in person, online, webinar).
- Copy of final examination and answer key. If chapter, section, or other intermediate testing is offered, then each test and matching answers key shall be provided.
- A copy of the Bloodborne Pathogen Exposure Control Certificate to be issued to attendees that have successfully completed the training.
- Notification of any known class locations and times.
- Trainer and/or training company location and contact information.

ACKNOWLEDGEMENT

I hereby declare that the information contained within the application is complete, true, and accurate. I understand the fee is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**.

I understand the course outline is reviewed within twenty (20) working days after receipt of payment. If course outline is **NOT APPROVED**, the corrections must be resubmitted within (6) months to obtain approval. More than two (2) reviews may result in additional fees.

Print Name: _____ **Signature:** _____ **Date:** _____

APPLICATION SUBMISSION AND PAYMENT

The BBP Control Training Provider application can be submitted in person, by mail, or online.

- If submitting application online, an invoice will be generated and emailed to you along with payment instructions.
- **Do not submit your payment until you have received an invoice.**
- Include your account (AR) and invoice (IN) number if paying by mail.

IN-PERSON:	ONLINE:	MAIL:
Schedule an appointment. Appointments are available Monday through Friday, from 8:00 a.m. to 4:00 p.m., at the Baldwin Park location: **Body Art Program** 5050 Commerce Drive Baldwin Park, CA 91706 (626) 430-5570	Submit a completed application with required documents to: bodyartprogram@ph.lacounty.gov. An invoice will be emailed back with additional instructions.	Mail application and payment to: Department of Public Health Attention: Community Health Program 5050 Commerce Drive Baldwin Park, CA 91706 Make Check, Cashier's Check, or Money Order payable to: **County of Los Angeles**.

FOR OFFICE USE

CONTACT OFFICE	PAYMENT	PLAN CHECK NUMBER
	AMOUNT PAID: _____ **RECEIPT #:** _____ ☐ **CASH** ☐ **CHECK #** _____ **DATE PAID:** _____ **CASHIER'S INITIALS:** _____	**SR:** _____ **INVOICE #:** _____ **REVIEWED BY:** _____