

BOARD OF HEALTH
 18 Main St.
 Hopkinton, MA 01748
 TELEPHONE (508) 497-9725

Fee	Approved
License/Permit No.	

APPLICATION FOR A LICENSE TO *Practice BODY ART*

NAME OF BODY ARTIST PRACTITIONER:

HOME ADDRESS

Location Address		Telephone ()
Mailing Address: Street number and name	City	State and Zip Code

List three references that are familiar with your activities as a Body Art Practitioner

1) Name:	Telephone:
Address:	
2) Name:	Telephone:
Address:	
3) Name:	Telephone:
Address:	

Practitioner Training and Experience

Experience, training and/or certification acquired in other states that regulate body art.

Training for all practitioners

- (a) bloodborne pathogen training program (or equivalent) which includes infectious disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitization, disinfection and sterilization methods and techniques; and
- (b) First Aid and cardiopulmonary resuscitation (CPR). Examples of courses approved by the Board include "Preventing Disease Transmission" (American Red Cross) and "Bloodborne Pathogen Training" (U.S. OSHA). Training/courses provided by professional body art organizations or associations or by equipment manufacturers may also be submitted to the Board for approval.

The applicant for a body piercing practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy, completed an examination on anatomy, or possesses an equivalent combination of training and experience deemed acceptable to the Board.

The applicant for a tattoo practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on skin diseases, disorders and conditions, including diabetes, or completed an examination on skin diseases, disorders and conditions, including diabetes, or possesses a combination of training and experience deemed acceptable to the Board.

I certify the information I have provided above is true and accurate. Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Date Signed	Signature of Individual
Social Security No. or Tax Identification Number:	
if applicable Corporate Name	Signature of corporate officer Title