

Provide the Following:

1. **Body piercing** practitioner permit shall provide documentation, acceptable to BOH regulations, 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 BOH.
2. **Tattoo practitioner** permit shall provide documentation, acceptable to BOH regulations, 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 by the Board.
3. **All practitioners** shall submit evidence satisfactory to the Plymouth Public Health Department of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth one year of which shall be in the position of an apprentice.
4. Evidence of course completion in Preventing Disease Transmission and/or Bloodborne Pathogen Training (Applicant must show a dated certificate of completion from either American Red Cross or Association of Professional Body Artists.)
5. Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of completion of a course in First Aid/CPR).
6. Hepatitis B vaccination status or Declination Notification Letter.
7. **Apprentice:** All of the above with a letter from the Master Practitioner you will be completing your apprenticeship under.

APPLICANT/ BODY ARTIST STATEMENT OF CONSENT:

I understand that this registration expires on April 30th each year. I understand that I must notify the Plymouth Public Health Department of any changes to the information in this application. I have received a copy of the Board of Health's Body Art Regulations and recommended body art disclosure statement that can be used for distribution. I agree to adhere and comply with these regulations and procedures. I agree to work only out of facilities that are in compliance with Plymouth Public Health Department requirements. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

1. Copy of my current Body Art Practitioner/Apprentice License issued by the Plymouth Public Health Department.
2. A copy of my signed application as a Body Art Practitioner/Apprentice which will serve as an agreement to comply with Plymouth Board of Health Regulations for Body Art, which contains the recommended procedures and Infection Control Practices for body art and recommended procedures for infection control.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on the application is complete and accurate and not misrepresented in any way.

Signature

Date:_____

Full Name – Please Print

FOR OFFICE USE ONLY:

Approved Denied (If denied, why:) _____

Date issued _____ Munis Number: _____ Access: _____