

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

The Commonwealth of Massachusetts

APPLICATION FOR BODY ART PRACTITIONER PERMIT

PIERCER

_____ 20__

(Date)

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Body Art Practitioner Permit is hereby made by

Name _____
(Full Name of Person Making Application)

(Place of Employment)

(Business Address)

Business Telephone: _____

I, the undersigned, acknowledge that I have received, read and understand the requirements of the body art regulations.

(Signature of Applicant)

(Home Address)

(Home Telephone)

Documents supporting the information provided on the back of this form, along with a photo ID, and the permit fee, must be submitted to the BOH for review.

REVIEW CHECKLIST - Piercing

2.01 BODY ART PRACTITIONER PERMIT: APPLICATION

2.01 a (3)

<input type="checkbox"/>	Name:	_____
<input type="checkbox"/>	Date of Birth:	_____
<input type="checkbox"/>	Residential Address:	_____
<input type="checkbox"/>	Mailing Address:	_____
<input type="checkbox"/>	Phone Number:	_____
<input type="checkbox"/>	Place of Employment:	_____

2.01 b

<input type="checkbox"/>	Practitioner over 18 years of age
<input type="checkbox"/>	Verified with Photo ID

2.03 PRACTITIONER HEPATITIS B VACCINATION STATUS

2.03 a

<input type="checkbox"/>	Completed vaccination course (3 shots)
<input type="checkbox"/>	Laboratory confirmation of vaccination status
OR	
<input type="checkbox"/>	Documentation of contraindication
OR	
<input type="checkbox"/>	Certificate of vaccination declination for HBV

2.04 PRACTITIONER REQUIRED TRAINING AND EXPERIENCE

2.04 B

<input type="checkbox"/>	Blood borne Pathogen training	_____	Expires: _____
	Provider:	_____	
<input type="checkbox"/>	First Aid	_____	Expires: _____
	Provider:	_____	
<input type="checkbox"/>	CPR	_____	Expires: _____
	Provider:	_____	

2.04C1

<input type="checkbox"/>	Completed course in Anatomy and Physiology	_____
	Provider:	_____
	Grade:	_____

2.04C2

<input type="checkbox"/>	1 years experience	_____
	Where:	_____
<input type="checkbox"/>	Two written references from professionals	_____
OR		
<input type="checkbox"/>	Has completed a course from an accredited or approved school or program recognizes by the Easton BOH	_____

3.00 CLIENTS

3.01 (a) Written and verbal health warning form

3.01 (b) Consent Form

3.02 (a) After-care instructions for body art site

3.02 (b) Required signatures

3.01 © BOH after care instructions approval date