



MaryAnn O'Connor
Director
Board of Health

City of Medford

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2560
FAX: (781) 393-2562
TDD: (781) 393-2516

BODY ART PRACTITIONER APPLICATION

- ☐ **Initial Application** ☐ **Renewal Application**
- ☐ **Tattoo** ☐ **Permanent Cosmetics** ☐ **Body Piercing**

Applicant may choose to submit the required documentation from Option A or the required documentation From Option B. The documentation must be completed from the chosen option. (no mix and match)

PERMANENT COSMETICS

Option A – Include:

- Application
- Application Fee of **\$150.00**
- Two forward Facing Passport-sized Photos (taken within 30 days of submission)
- Picture ID (e.g. driver's license, passport)
- Certified copy of birth certificate
- A copy of training certificate documenting successful completion of a course on Prevention of Disease Transmission and Blood borne Pathogens. (Applicant must provide a dated certificate of completion which fulfills the requirements of 29 CFR 1910.1030

Valid documentation of two (2) years of prior experience in Permanent Cosmetics practice	<input type="checkbox"/> On file with the Health Dept.
Valid documentation of Hepatitis B Virus (HBV) vaccination status.	<input type="checkbox"/> On file with the Health Dept.
A copy of training certificate documenting successful completion of a course in Anatomy and /or Dermatology (Please provide documentation of grade C or better)	<input type="checkbox"/> On file with the Health Dept.

- A copy of Certification in Basic First Aid (Taken within two (2) years
- A copy of Certification in Advanced CPR (Taken within two (2) years
- CORI Informed Consent – Signed and completed
- SORI Informed Consent - Signed and completed

Option B – Include:

- Application
 - Application Fee of \$150.00
 - Two forward Facing Passport-sized Photos (taken within 30 days of submission)
 - Picture ID (e.g. driver's license, passport)
 - Certified copy of birth certificate
 - Certificate of successful completion/passing a training course of at least 100 hours of instruction time and Certified/ accredited by either the American Academy of Micropigmentation (AAM) or the Society of Permanent Cosmetic Professionals (SPCP)
 - Application must also provide documentation of the training course including:
 - Training institution contact information
 - Documentation of AAM or SPCP certification/ accreditation
 - A copy of the course curriculum (schedule or table of contents only)
 - A signed letter from a MA licensed body art practitioner stating that the applicant has completed at least 200 hours of apprenticeship including 30 hours observing procedures being performed and performing at least 50 completed supervised procedures on clients.
 - CORI Informed Consent – Signed and completed
 - SORI Informed Consent - Signed and completed
-

BODY ART PRACTITIONER

Include:

- Application
- Application Fee of **\$150.00**
- Two forward Facing, Passport-sized Photos (taken within 30 days of submission)
- Picture ID (e.g. driver's license, passport)
- Certified copy of birth certificate
- Valid documentation of two (2) years of prior experience in practice, specifically in the Body Art modality (piercing or tattooing), that the applicant is required a permit
- A copy of training certificate documenting successful completion of a course on Prevention of Disease Transmission and Blood borne Pathogens. (Applicant must provide a dated certificate of completion which fulfills the requirements of 29 CFR 1910.1030)

Valid documentation of two (2) years of prior experience in Permanent Cosmetics practice	<input type="checkbox"/> On file with the Health Dept.
Valid documentation of Hepatitis B Virus (HBV) vaccination status.	<input type="checkbox"/> On file with the Health Dept.
A copy of training certificate documenting successful completion of a course in Anatomy and /or Dermatology (Please provide documentation of grade C or better)	<input type="checkbox"/> On file with the Health Dept.

- A copy of Certification in Basic First Aid (taken within two (2) years
- A copy of Certification in Advanced CPR (taken within two (2) years
- CORI Informed Consent – Signed and completed
- SORI Informed Consent - Signed and completed

Applicant Name: _____

Home Address: _____

Applicant's Email: _____

Telephone: _____ DOB: _____

Establishment Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Operator/Owner Name: _____

Previous Establishments that Practitioner Practiced Body Art

Name	Address/City/State	Tel#	Start Date	End Date

I, _____ authorize the Medford Board of Health to obtain information from
(Name of Practitioner – Print)
Previous body art establishments in which I have practiced, as well as from the City/Town Board of Health.

(Signature of Practitioner)

(Date)

Practitioners and Establishments must demonstrate Liability Insurance Coverage from an approved provider with the following coverage:

- ❖ General Liability Coverage for \$500,000
- ❖ Tattooist Liability Coverage for \$100,000
- ❖ Piercers Liability Coverage for \$100,000

Applicants Statement of Consent

I understand that I must have a valid license to conduct Body Art in the City of Medford and that the license is valid for the conduct of only the Body Art practices for which I have applied. I also understand that any notice to be mailed to me by the Medford Board of Health will be mailed to my address indicated on this application and a copy of such notice will be mailed to the operator of the Body Art Establishment that I have indicated on the application.

I have received and read the City of Medford Body Art Regulation and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulation's requirements specified in the Medford Board of Health Body Art Regulation while practicing in the City of Medford. I further understand that any violation will at least, but not be limited to a fine or closure of the establishment.

I understand that this practitioner license expires on December 31st of this year.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and is in no way misrepresented.

(Signature of Applicant)

(Date)

(Full Name of Applicant – Printed legibly)

In Office Use Only

Date Application Received: _____

Inspector Signature: _____

Complete (circle): Yes No

Date for Additional Information Request to Applicant: _____

Approval Date: _____ Denial Date: _____

License #: _____