

# City of Medford

## BOARD OF HEALTH

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



MaryAnn O'Connor  
Director  
Board of Health

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### **MEDFORD BOARD OF HEALTH** **BODY ART APPRENTICESHIP PRACTITIONER APPLICATION** **(One Application for each service)**

Tattoo

Permanent Cosmetics

Body Piercing

Preceptor Name: \_\_\_\_\_ License #: \_\_\_\_\_

- Include:
- Application
  - Application Fee of \$150.00
  - A copy of each required training certificate  
(First Aid, CPR, Blood Borne Pathogen, Anatomy and/or Dermatology)
  - Picture ID
  - Certified copy of birth certificate
  - CORI Informed Consent – Signed and Completed
  - SORI Informed Consent – Signed and Completed

Practitioner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Operator/Owner Name: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Previous Establishments that Practitioner Practiced Body Art (if applicable)**

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Tel.# \_\_\_\_\_

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 Boards of Health.

\_\_\_\_\_  
(Signature of Practitioner)

\_\_\_\_\_  
(Date)

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I, \_\_\_\_\_ have received, read, and understood the Medford Board of Health  
(Name of Practitioner)  
Body Art Regulations. I further agree to comply with the regulations and understand that any violation will at least, but  
not limited to a fine or closure of the establishment.

\_\_\_\_\_  
(Signature of Practitioner)

\_\_\_\_\_  
(Date)