



APPLICATION FOR BODY ART PRACTITIONER

*** Permit fee of \$100 is due with application.***

Applicant Name			
Date of Birth			
Residence Address			
Mailing Address <i>If different from the residence address</i>			
Phone Number		Email	
Have you read the Hudson Body Art Regulations?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Place(s) of Employment as a Body Art Practitioner <i>Name and address of establishment</i>			
Required Training for All Practitioners Please attach documentation on both	Bloodborne Pathogen Training Program: <input type="checkbox"/> "Preventing Disease Transmission" by American Red Cross <input type="checkbox"/> "Bloodborne Pathogen Training" by OSHA <input type="checkbox"/> Other Program (<i>Please specify</i>)		
	First Aid and Cardiopulmonary Resuscitation (CPR): <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other Program (<i>Please specify</i>)		
Additional Required Training for Body Piercing Practitioner Please specify and attach documentation (Not required for tattoo practitioner)	Anatomy: <input type="checkbox"/> Course or Examination <input type="checkbox"/> Combination of Training & Experience		
Additional Required Training for Tattoo Practitioner Please specify and attach documentation (Not required for body piercing practitioner)	Skin Diseases, Disorders and Conditions, Including Diabetes: <input type="checkbox"/> Course or Examination <input type="checkbox"/> Combination of Training & Experience		

By signing this application, you are consenting to abide by the rules and regulations and recommended procedures on the prevention of disease transmission in body art, sanitation, sterilization, handling of infections, universal body fluid precautions, sharp and biologic waste disposal and wound care as stated in the Federal Register of EPA Rules and Regulations on Bloodborne pathogens.

Applicant Signature: _____ Date: _____

For Board of Health Use Only:

Date Received:			
Approved (Y/N)?		By:	
Permit Number:			