Board of Health
Town of Provincetown
Body Art Technician Application
FORM BOH-BAT

TYPE OF APPLICATION

□ New □ Renewal □ Apprentice Application Fee: $100 (includes $30 application fee)

Type of Body Art: □ Tattoo □ Piercing □ Other (please list)_____

* If applying to practice more than one type of body art, applicant must fill out two separate applications

APPLICANT INFORMATION

Applicant Name:

Last	First	Middle Initial
Date of Birth	Gender	Social Security Number (**REQUIRED**)
Local Residential Address		
City	State	Zip
Legal Mailing Address		
City	State	Zip
Phone Number	Email Address	

Have you ever been known by any other name? □ Yes □ No

If yes, list full name(s):

CERTIFICATION OF EMPLOYMENT / EXPERIENCE / PRIOR LICENSURE

Name of Body Art Establishment in which you practice/intend to practice

Body Art Establishment Owner Signature (for New Applicants only) Date

Do you hold or have you ever held licensure, certification, or registration from another state or municipality to practice body art? □ Yes □ No

If yes, please list the information below.

State/Municipality	Lic./Cert./Reg. #	Expiration
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Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanctions limiting, in any way, a license certificate, registration or permit.) □ Yes □ No

If yes, please attach details and explanation

Previous Employment in Industry (for New Applicants)

Location:	Phone Number:	Dates:

Continuing Education (Renewing Applicants Only)

□ I certify that I participated or attended at least 3 clock hours of continuing education (Attach documentation)

□ I certify that I performed at least 2 clock hours of self-study (Attach documentation)

Requirements for Body Art Technician License

Submit the following to complete your application:

□ A copy of valid identification card with picture (state-issued license, passport, or military-issued ID)

□ SORI Request Form (attached)

□ Current CPR certification

□ Proof of a passing grade (C or better) in a college-level Anatomy and Physiology course (New applicants only)

□ Current First Aid training

□ Proof of successful completion of a course on Bloodborne Pathogens

□ Tuberculin (Mantoux) Skin Test Results

□ Hepatitis B Statement (attached)

Hepatitis B Statement

Please check and sign the appropriate box

☐ 1. I have completed the Hepatitis B immunization series on: (date)

Healthcare Provider's name (print)

☐ 1.a. OR attach a legible copy of your immunization record attached to this document.

☐ 2. I have begun the Hepatitis B immunization series and have received the following doses:
Please copy this form and return to the Health Department as each dose is received.

Dose #1: (date given)

Healthcare Provider's name: (print)

Dose #2: (date given)

Healthcare Provider's name: (print)

☐ 2.b. OR attach a legible copy of your official immunization record attached to this document.

☐ 3. I have a medical contraindication to Hepatitis B immunization. Indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization below:

Healthcare Provider's name: (print)

Healthcare Provider's signature:
License Number: Issuing State:

☐ 4. Receiving Hepatitis B immunization is contrary to my beliefs.

☐ If items 3 or 4 are checked, please sign the following declination statement:
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

Name (Please Print) Date

Signature