

TOWN OF ABINGTON
Abington Health Department
500 Gliniewicz Way
Abington, MA 02351
781-982-2119 / Fax: 781-982-2127
BODY ART APPRENTICE APPLICATION
(Body Piercing & Tattooing)

General Information

Name of Practitioner _____

Residence Address _____
(Street) *(Phone Number)*

_____ *(City)* *(State)* *(Zip)*

Mailing Address _____
(Street)

_____ *(City)* *(State)* *(Zip)*

Date of Birth _____ Social Security Number _____

Type Of Application

_____ Apprentice Tattoo Artist

_____ Apprentice Piercer

Establishment Information

Establishment Name _____

Establishment Address _____
(Street) *(Apt.)*

_____ *(City)* *(State)* *(Zip)*

Establishment Telephone # _____

Please answer the following questions. If you answer YES to any of the following, please attach all relevant information regarding the event including dates, jurisdiction and offense.

A. Have you been convicted of a criminal offense, other than a minor traffic violation?

_____ Yes
_____ No

B. Have you been formally charged with or disciplined for any violation of the rules, bylaws or standards of practice of any governmental authority, health care facility, or professional organization?

_____ Yes
_____ No

Please submit the following along with the completed application.

1. Valid documentation of Hepatitis B Virus (HBV) vaccination status.
2. Evidence of successful completion of a course on Prevention of Disease Transmission and Blood Borne Pathogens.
3. Evidence of successful completion of a course in Anatomy and Physiology, or another course approved by the Department.
4. Evidence of Certification in Basic First Aid and Advanced CPR.
5. Positive ID or a valid passport indicating that you are at least 18 years old.

Applicant Statement of Consent

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

I have received a copy of the Abington Health Department Body Art Regulations. I have read 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 requirements specified in the Abington Health Department Body Art Regulations while practicing in the Town of Abington.

I agree to only work under the direct supervision of a Body Art Practitioner licensed through the Town of Abington and not to perform work solely by myself.

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 in no way misrepresented.

Signature of the applicant _____ **Date:** _____

Full name of applicant _____

Signature of the supervisor _____ **Date:** _____

Full name of supervisor _____