

TOWN OF MIDDLEBOROUGH

APPLICATION FOR BODY ART APPRENTICE PERMIT

Complete and return this form with application fee of \$50.00 made payable to: The Town of Middleborough.

Upon satisfactory review of the application and receipt of the registration fee, a numbered permit will be issued by the Middleborough Board of Health.

Name: _____
(Last) (First) (Middle)

Date of Birth: _____
(Month) (Day) (Year)

Gender: _____
(Male) (Female)

Resident Address: _____

Mailing Address: _____

Telephone Number: _____

Place(s) of Employment as Apprentice: _____

Training and/or Experience: _____

Name of Body Art Establishment _____

Body Art Establishment Permit Number: _____

Establishment Telephone No. _____

Operator of Establishment _____

Practitioner's Name: _____

Provide the following:

1. ___ Copy of Practitioner's Liability Insurance;
2. ___ Evidence of course completion in Bloodborne pathogen program;
3. ___ Current certification in First Aid and cardiopulmonary resuscitation (CPR);
4. ___ Valid tuberculin skin test;
5. ___ Proof of completion in a course on anatomy and physiology at a college accredited by the New England Assn. of Schools and Colleges. (This course must include instruction on the system of integumentary system (skin));
6. ___ Hepatitis series vaccination;
7. ___ Identification Photograph;
8. ___ Authorization allowing apprenticeship training under guidance of practitioner.

APPRENTICE BODY ARTIST STATEMENT OF CONSENT

I understand that this permit expires on June 30th, of this year. I understand that a renewal application is required to be filed with the Health Department thirty (30) days prior to expiration.

I have received a copy of the Middleborough Board of Health's regulations. I agree to abide by these regulations. I agree to work only out of facilities that are in compliance with Middleborough Board of Health requirements.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Date: _____

Signature

Name and Title (print)