

**Medford Board of Health
Body Art Apprenticeship Practitioner Application**

Tattoo

Body Piercing

Preceptor Name: _____ **License #:** _____

(One application for each service)

- 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 Number: _____ DOB: _____

Establishment Name: _____

Address: _____

Telephone Number: _____

Operator/Owner Name: _____

Previous Establishments that Practitioner Practiced Body Art (if applicable)

<u>Name</u>	<u>Address/City/State</u>	<u>Tel#</u>
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I, _____ authorize the Medford Board of Health
(Name of Practitioner - Print)

to obtain information from previous body art establishments in which I have practiced, as well as from the city/town Boards of Health.

(Signature of Practitioner) (Date)

I, _____ have received, read and understood the
(Name of Practitioner)

Medford Board of Health Body Art Regulations. I further agree to comply with the regulations and understand that any violation will at least, but not be limited to a fine or closure of the establishment.

(Signature of Practitioner) (Date)