City of Westfield, Massachusetts
Health Department
59 Court St, Westfield, MA 01085
Phone: (413) 572-6210 Fax: (413) 572-6279

Public Health
Prevent. Promote. Protect.
Westfield Health Department

APPLICATION FOR BODY ART PRACTITIONER PROBATIONARY PERMIT

ANNUAL FEE: $50.00 Date Completed _____

PRACTITIONER INFORMATION

Name of Applicant_____ Phone #: _____

Date of Birth: _____

Residence Address: _____

Employer (Name of Westfield Body Art Establishment): _____

BODY ART PRACTITIONER SUPERVISOR INFORMATON

Name of Body Art Practitioner Supervisor _____

Name of Establishment _____

***I agree to supervise the above Practitioner during their 2000 apprentice hours. I also agree to document proof and submit it to the Board of Health once the 2000 apprentice hours are completed.**

_____

Signature of Body Art Practitioner Supervisor

BACKROUND INFORMATION

Have there ever been criminal proceedings against you that resulted in a conviction, guilty plea, plea of no lo contendere or an admission of sufficient facts? □ Yes □ No

Have you ever been disciplined in another jurisdiction by the proper permitting authority for reasons substantially the same as these set forth in this Board's regulations? □ Yes □ No

If yes, explain_____

BOH regulations can be found at www.cityofwestfield.org / Health Department / Regulations / Body Art Regulations

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EDUCATION AND TRAINING INFORMATION

Applicant must provide documentation and applicable certificates with this application as required under Section 10F of the body art regulations, and must include the following:

1. Completion of a blood borne pathogen training program.
2. Current first aid and CPR certificates.
3. Successful completion of a course on anatomy and physiology from an accredited college or university. (For Piercing Practitioners)
4. Successful completion of a course on skin diseases, disorders and conditions. (For Tattoo Practitioners)

I, the undersigned, acknowledge that I have received, read and understand the following:

- Westfield Board of Health Regulations pertaining to the practice of Body Art
- 1910.1030 OSHA regulations on blood borne pathogens
- 105 CMR 480.00 State Sanitary Code regulations on the storage and disposal of medical or biological waste.

Signature of person completing this application: _____

NOTE: Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I do hereby certify, under the pains and penalties or perjury, that the information provided in this application is true and correct.

Signature: _____ Date: _____

Please print name _____