



City of Westfield, Massachusetts  
HEALTH DEPARTMENT

APPLICATION FOR BODY ART PRACTITIONER

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FEE: \$50.00

Date Completed \_\_\_\_\_

**PRACTITIONER INFORMATION**

Name of Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Address \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name of Westfield Body Art Establishment)

**BACKGROUND INFORMATION**

**Most recent employment as a body art practitioner (if applicable)**

Name of Establishment \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Owner \_\_\_\_\_

Length of Employment \_\_\_\_\_

Body art procedures performed (by applicant) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_



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### EDUCATION AND TRAINING INFORMATION

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

1. Completion of a blood borne pathogen training program as specified in Section 10 E (2) of the regulations.
2. Current first aid and CPR certificates.
3. Successful completion of a course on anatomy and physiology from an accredited college or university.
4. Successful completion of a course on skin diseases, disorders and conditions.

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 \_\_\_\_\_