



Concord Board of Health
141 Keyes Rd
Concord MA 01742



Public Health
Prevent. Promote. Protect.

Application for Body Art Practitioner (Tattoo and Piercing) Fee \$125.00

Name of Applicant _____ Date of Birth _____

Address _____ Phone _____

Name of Facility (if more than 1, see page 2) _____

Address _____ Phone _____

Required Education and Experience Submittals for Body Art Practitioners (Tattoo & Piercing)

- Documentation that they completed a course on **Anatomy and Physiology** with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity. This course must include instruction on the system of the integumentary system (skin).
- Current certification in **First Aid and cardiopulmonary resuscitation (CPR)**
- Documentation of **bloodborne pathogen training program** (or equivalent) which includes infection disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitation, disinfection and sterilization methods and techniques.
- Submit evidence of at least **2 years actual experience** in the practice of performing body art activities of the kind for which the applicant seeks a Body Art Practitioner permit to perform. 2 years of actual experience is defined by **2400 hours of work experience**.

Additional Required Education (Tattoo Practitioner)

- Must obtain a certification by the American Academy of Micropigmentation

Permanent Cosmetics Practitioner Requirements (Microblading, Micropigmentation, Permanent Make-Up, etc.)

Permanent Cosmetics Practitioner applicants who do not have any of the above Body Art Practitioners documentation, may instead provide all the following:

- Certificate of successful completion/passing a training course of at least 100 hours of instruction time and certified/accredited by either the American Academy of Micropigmentation (AAM) or the Society of Permanent Cosmetic Professions (SPCP). Applicant must also provide documentation of the training course including the training institution contact information, documentation of AAM or SPCP certification/accreditation, and a copy of the course curriculum. (see Concord Board of Health Regulations for Body Art Establishments, Chpt 12F-1, for course requirements)
- Must provide a signed letter from a Concord licensed body art practitioner or a practitioner licensed elsewhere in the Commonwealth of Massachusetts (include copy of said artist's license) stating that the applicant has completed at least 200 hours of apprenticeship including 30 hours observing procedures being performed and performing at least 50 complete supervised procedures on clients. If that apprenticeship was completed in Concord, a copy of the applicant's apprenticeship license must be submitted.

Visiting Practitioner Requirements

- Must comply with all application requirements as are required for Body Art Permit Application and must practice at a licensed body art establishment in the Town of Concord. The Concord Board will determine the length of time the visiting practitioner may practice. Fees to be set by the Board.

Type of Application

	Professional Tattoo Practitioner
	Professional Piercer Practitioner
	Permanent Cosmetics Practitioner

NOTE: If you will be working at more than one location in Concord, you must attach the addresses of all other establishments where you will be working.

Additional Establishment Information

Name of Facility _____

Address _____ Phone _____

I, the undersigned, hereby apply to the Concord Board of Health for the above- referenced permits in accordance with the listed applicable laws. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

I further acknowledge that I have read and understand Concord Board of Health Regulations for Body Art Establishments. Chapter 10.

I, the undersigned, understand that by signing the Body Art Practitioner Permit Application, agree to submit to a Sex Offender Registry Board (SORB) query as stated in the regulation.

Signature of Applicant

SS# or FID#

Date of Application

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.

1. Have you been convicted of a criminal offense other than a minor traffic violation?
 Yes
 No

2. 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

3. Have you ever been denied a Body Art Practitioner License for any reason?
 Yes
 No

Please submit the following along with the completed application.

1. Valid documentation of Hepatitis B Virus (HBV) vaccination status. (Waiver on page 5)

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. One 2"x2" passport photograph taken within 30 days of submission of this application for all establishments you will work at.

6. Positive ID or a valid passport indicating that you are at least 18 years old.

7. Proof of purchase of an annual malpractice insurance policy in an amount common and customary to the profession.

8. A fee of **\$125** made payable to the **Town of Concord.**

Applicant Statement of Consent

I understand that I must have a valid license to conduct Body Art in the town of Concord 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 Concord Health Division 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 Concord Board of Health Regulations for Body Art Establishments. 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 the regulation requirements specified in the Concord Board of Health Regulations for Body Art Establishments while practicing in the Town of Concord.

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: _____

**TOWN OF CONCORD
HEALTH DIVISION**

**HEPATITIS B VACCINE DECLINATION FORM
Concord Body Art Regulation**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ **Date:** _____

Full Name: _____

