

# Application for Body Art Practitioner

Complete and return this form with registration fee ( checks payable to Town of Abington)

Town of Abington  
Board of Health  
500 Gliniewicz Way  
Abington, MA 02351

Upon satisfactory review of the application and receipt of the license fee, the Town of Abington, Board of Health, will issue a numbered practitioner license.

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's mailing address( if different from address) \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Identification Type: State Driver's License \_\_\_\_\_

State Identification Card \_\_\_\_\_

License or Identification Card Number: \_\_\_\_\_

Practitioner License Type:

Body Piercing Only

Tattooing

Both

**Have you ever had a Practitioner's License in the past?**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**If yes please provide the following information:**

**City/State of License:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Current Status** \_\_\_\_\_

**Please provide the following information about work experience**

**Previous place of employment:** \_\_\_\_\_

**Establishment address:** \_\_\_\_\_

**Dates worked:** \_\_\_\_\_ **to** \_\_\_\_\_

**Please provide the following information:**

- Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training (Applicant must show a dated certificate of completion for training Course which fulfills the requirements of 29 CFR 1910. 1030 et seq)**
- Evidence of current certification in First Aid/CPR (Applicant must show a dated certificate of completion of a course in First Aid/CPR, which demonstrates the required course, was completed in the last two (2) years).**
- Proof of satisfactory completion of a course in Anatomy and Physiology**
- Proof of completion of an approved apprenticeship training program or evidence of one year actual experience**
- Documentation of current or up-to-date Hepatitis B Virus and Tetanus doses or booster shot**
- Practitioner Fee of \$125 (checks only, no cash)**

**Applicant/Body Art Practitioner Licensee Statement of Consent:**

I understand that his practitioner license expires on December 31 of the following year. I understand that any notice required to be given by the Abington Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Abington Board of Health. I have received a copy of the Town of Abington Ordinance on the Regulations of Body Art (Chapter 8.36). I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with the Town of Abington, Board of Health requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners License conspicuously posted within the establishment where I work.

I hereby certify, under pains and penalties, 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 please

**Office use Only:**

Approved, Effective Date: \_\_\_\_\_ License# \_\_\_\_\_

Disapproved, Comment; \_\_\_\_\_