TELEPHONE 278-8604

TOWN OF UXBRIDGE

BOARD OF HEALTH

TOWN HALL

21 SOUTH MAIN STREET

UXBRIDGE, MASSACHUSETTS 01569

APPLICATION
BODY ART PRACTITIONER PERMIT

$_____ Per Year (Non-refundable fee due upon approval of application/renewal)

A. Definition of Services to be provided:

B. Name of Body Art Establishment employed: _____
Address of Establishment: _____
Telephone # of Establishment: _____

C. Name of Applicant: _____
Address of Applicant: _____
Mailing Address (if different): _____
Telephone # of Applicant: _____
Date of Birth (must be a minimum of 18 years old): _____

D. Attach a copy of the applicants' driver license.

E. Provide documentation of a completed course on anatomy, completed an examination on anatomy, or documentation of equivalent combination of training and experience. Section 22.11 (E) (3).

F. Provide proof of training for bloodborne pathogen training program and current certification in First Aid and cardiopulmonary resuscitation (CPR). Section 22.11 (E) (2) (a and b).

G. Provide documentation on a completed course on skin diseases, disorders and conditions, including diabetes or completed an examination on skin diseases, disorders and conditions, including diabetes or possesses a combination of training and experience. Section 22.11 (E) (4).

H. Provide proof of a skin test for tuberculosis within the last two years.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

I have received, read and understand the requirements of the Uxbridge Board of Health Body Art Regulations, Article XXII.

Signature of Applicant: _____

Date: _____

- A permit for Body Art Practitioner shall not be transferable from one person to another. This requires a new application and permit.
- A Practitioner's permit shall be conditioned upon continued compliance with all applicable provisions of these regulations.