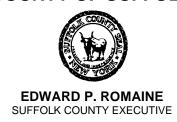
COUNTY OF SUFFOLK



DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH
Commissioner

Dear Prospective Body Artist,

In order to obtain a Certificate, your attendance at the Department's "Body Artist Exam" is required before your Certificate will be issued. Please read the following steps to obtain your certificate in a timely fashion:

Payment

- Payment of \$90.00 is required by check, money order or visa/master card, paid to the order of the Commissioner
 of Health Services.
- Payment over the phone can be made at 631-852-5999.

Application:

- Please email, drop off in-person, or mail a <u>fully completed</u> application package <u>no less than one week</u> prior to the class date.
- Attach all relevant copies of certificates, licenses, and consent forms.

Exam Day:

- Address: 360 Yaphank Ave. Yaphank, NY in the first-floor classroom.
- Exam format: 50 multiple choice questions based on the Study Guide and Article 14, and you have 2 hours to complete the exam.

Study Material:

- Website: https://www.suffolkcountyny.gov/Departments/Health-Services/Public-Health-Protection/Body-Art-Establishments
- Article

 $14: \underline{https://www.suffolkcountyny.gov/Portals/0/FormsDocs/Health/PublicHealthProtection/Article\% 2014\% 20- \underline{\%20Suffolk\%20County\%20Sanitary\%20Code.pdf}$

Sincerely,

Christopher Kandell
Associate Public Health Sanitarian
Bureau of Public Health Protection
Suffolk County Department of Health Services
php@suffolkcountyny.gov
Phone: 631-852-5999

Phone: 631-852-5999 Fax: 631-852-5871



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES BODY ARTIST CERTIFICATE APPLICATION

	For Office Use Only	For Office Use Only							
		Body ArtistBody PiercerApprentice							
		OwnerManager							
		Permanent Make-upCosmetic Tattoo Artist							
	PLEASE PRINT	USE BLACK INK ONLY							
	PERSONAL INFORMATION:								
Ν	Name: Phone No.: ()								
S	Street Address:								
(City:	Zip Code://							
Ι	Pate of Birth:/ Email Address:								
Current Suffolk County Dept. of Health Body Artist Certificate No.:									
Certificate Expiration Date:// Equipment Type (check one):Multi-use									
	•	Equipment Type (check one)iviuiti-useSingle-use							
2. S	SHOP INFORMATION:								
	dicate the permitted establishment where you are presently employed in Suffolk County, NY. Employment at a								
<u>S</u>	Suffolk County permitted facility is required	d to receive a Body Artist Certificate							
N	Name:	Permit #							
S	Street:								
(City:	Zip Code://							
F	Phone No.: ()								
		OwnerEmployeePrivate Contractor							
	•	• •							
	The applicant hereby agrees to conform to all the provisions set forth in Article 14 of the Suffolk County Sanitary Code, Body Art Establishment Regulations, including but not limited to Section 760-1409 Personne								
		ant hereby agrees that the information provided herein is accurate.							
S	Signature:	Date:							
	For Office Use Only								
	DATE OF CLASS ATTENDANCE:/ D CERTIFICATE #: D	Z EXAM SCORE: CERTIFICATE ISSUED:YESNO DATE ISSUED:/_ DATE EXPIRES://							
	DATE OF CLASS ATTENDANCE://	For Office Use Only							

HEPATITIS B VACCINE DECLINATION FORM

My employment as a **Tattoo Artist / Body Piercer / Body Artist Apprentice / Permanent Make-up Artist / Cosmetic Tattoo Artist** (circle all that apply) places me at risk for **Hepatitis B** exposure. I am aware that my job tasks involve exposure to blood.

I have been educated regarding the risks of acquiring **Hepatitis B** in the process of applying a body art procedure to a client. I have been educated about the protection afforded me by the **Hepatitis B Vaccine**.

I understand that due to my occupational exposure to blood, I may be at risk of acquiring **Hepatitis B** and may even, as a result, become a chronic carrier of the disease and be capable of transmitting it to my clients. I, nevertheless, decline to receive the **Hepatitis B Vaccine**.

Signature:	Date
Print Name:	
Shon Name	Shop Permit No :



Attestation Regarding Requirements of Suffolk County Sanitary Code Article 14

Do you have a Nassau County or New York City Tattoo Artist license? a. Date of Issuance:						No 🔲					
2. Do you have a Body Artia. County, State:b. Date of Issuance:	,	Yes	No 🔲								
3. Do you have a Cosmetolo	`	Yes 🗌	No 🔲								
PLEASE ATTACH ANY ABOVE LISTED LICENSES											
Prior Work Experience											
Name of Establishment		County, State		Date	es	Number of Procedures					
Permanent Makeup or Microblading Courses											
Course	C	ounty, State	Teacher		Hours	Number of Supervised Procedures					

PLEASE ATTACH ANY ABOVE LISTED:

- 1. Certificates of Completion
- 2. Consent forms

