

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

Gregson H. Pigott, MD, MPH
Commissioner

Dear Prospective Body Artist/Body Artist Apprentice;

Thank you for your interest in obtaining a Body Artist/Body Artist Apprentice Certificate. In order to obtain a Certificate, your attendance at the Department's "Body Artist Certificate Class" and subsequent passing of a written exam is required before your Certificate will be issued. Attendance at the class will be granted once the Department has received a **fully completed** application package **no less than two (2) weeks** prior to the class date. Applications shall be submitted via mail or in-person at our office. Once your application package has been received and reviewed, a confirmation letter will be sent to you via email. Payment of \$90.00 is required by check, money order or visa/master card, paid to the order of the Commissioner of Health Services. The certificate must be renewed every three years.

Below you will find a checklist of all required documents that are needed in order to deem your application complete. If you cannot provide all of these documents in full, **do not** submit your application package, as it will not be accepted. The Department will review special/extenuating circumstances for application paperwork on a case-by-case basis.

Tattoo Artist/Body Piercer Applications:

- ___ Body Artist Certificate Application
- ___ Declination of Hepatitis B Vaccine (or proof of vaccine)
- ___ Attestation Form (if seeking a Reciprocal Certificate from an alternate jurisdiction)
- ___ Apprentice Registration Form (if you have **not** been previously certified in Suffolk County or an alternate jurisdiction)
- ___ \$90 class registration fee (checks payable to "Commissioner of Health Services"; credit card call (631)852-5841)

Sincerely,

Madelaine Feindt
Associate Public Health Sanitarian
Bureau of Public Health Protection
Suffolk County Department of Health Services



Public Health
Prevent. Promote. Protect.

BUREAU OF PUBLIC HEALTH PROTECTION
360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980 (631) 852-5900 FAX (631) 852-4824

**SUFFOLK COUNTY DEPARTMENT OF HEALTH
SERVICES BODY ARTIST CERTIFICATE APPLICATION**

<u>For Office Use Only</u>	<u>For Office Use Only</u>
	<input type="checkbox"/> Body Artist <input type="checkbox"/> Body Piercer <input type="checkbox"/> Apprentice <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Cosmetic Tattoo Artist

PLEASE PRINT

USE BLACK INK ONLY

1. PERSONAL INFORMATION:

Name: _____ Phone No.: () _____ - _____
 Street Address: _____
 City: _____ Zip Code: ____/____/____/____/____
 Date of Birth: ____/____/____ Email Address: _____
 Current Suffolk County Dept. of Health Body Artist Certificate No.: _____
 Certificate Expiration Date: ____/____/____ Equipment Type (check one): Multi-use Single-use

2. SHOP INFORMATION:

Indicate the permitted establishment where you are presently employed in Suffolk County, NY. Employment at a Suffolk County permitted facility is required to receive a Body Artist Certificate

Name: _____ Permit # _____
 Street: _____
 City: _____ Zip Code: ____/____/____/____/____
 Phone No.: () _____ - _____
 For the above shop you are (check one): Owner Employee Private 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 Personnel, Health and Disease Control. The applicant hereby agrees that the information provided herein is accurate.

Signature: _____ Date: _____

<u>For Office Use Only</u>	
DATE OF CLASS ATTENDANCE: ____/____/____	EXAM SCORE: _____ CERTIFICATE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATE #: _____	DATE ISSUED: ____/____/____ DATE EXPIRES: ____/____/____
\$90 FEE PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF PAYMENT: <input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER



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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: _____

Shop Name: _____ Shop Permit No.: _____



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BODY ARTIST APPRENTICE REGISTRATION FORM

***For aspiring Body Artists without a Suffolk County Body Artist Certificate**

Apprentice Name:

Date:

(Last, First, MI)

The Body Art Establishment listed below agrees to sponsor the above listed person as an Apprenticing Body Artist. The Suffolk County Certified Body Artist listed below agrees to be a Body Artist Mentor for named Body Artist Apprentice. The Apprenticing Body Artist, the Mentoring Body Artist, and the permit holder of the establishment all affirm to adhere to the requirements of Article 14 of the Suffolk County Sanitary Code and its Appendices

Establishment Name: _____

Establishment Address: _____

Permit # _____

Anticipated Start/End Date of Apprenticeship _____

Mentoring Artist Information

Printed Name

Signature

Certificate #

Phone #

1.

2.

