

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

Gregson H. Pigott, MD, MPH
Commissioner

Dear Prospective Permanent Makeup or Microblade Artist,

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.

Permanent Make-up/Cosmetic Tattoo Artist Applications:

- Body Artist Certificate Application
- Declination of Hepatitis B Vaccine (or proof of vaccine)
- Attestation Form (documenting schooling or alternate experience)
- Letter of Recommendation/Certificate of Completion from Cosmetic Tattoo School
- Course Syllabus from Permanent Make-up/Cosmetic Tattoo School
- Instructor CV/Resume
- Apprentice Registration Form (if no previous qualifying experience or schooling)
- Copies of Applicable Licenses (i.e. Cosmetology, Esthetics, Medical Professional)
- Documentation of 10 Supervised Procedures (i.e. Consent Forms with Before/After Photos)
- Variance Letter (if applying for variance from Apprentice Requirements)
- \$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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ATTESTATION REGARDING REQUIREMENTS OF SUFFOLK COUNTY SANITARY CODE ARTICLE 14

***This form is specific to Permanent Make-up and/or Cosmetic Tattoo Artists**

I, _____, attest that to the best of my knowledge and my belief, the following information provided in this declaration is true and correct. I understand that the Suffolk County Dept. of Health Services may request additional information to substantiate the statements made in this declaration:

Name of Permanent Make-up or Cosmetic Tattoo School: _____

Address: _____ Contact Phone: _____

Program/Course Name: _____ Instructor's Name: _____

Dates of Attendance: _____ Classroom hours: _____ No. of Supervised Procedures Conducted: _____

ATTACH: LETTER OF RECOMMENDATION OR CERTIFICATE OF COMPLETION

ATTACH: COURSE SYLLABUS AND INSTRUCTOR CV

Permanent Make-up or Cosmetic Tattoo Procedure Experience

Establishment Name: _____

Address: _____

Dates of Employment: _____ Number of Procedures Conducted: _____

Contact Person: _____ Contact Phone No. _____

Attester's Signature: _____ Date Signed: _____

PLEASE ATTACH COPIES OF ALL APPLICABLE LICENSES HELD



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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.



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VARIANCE REQUEST LETTER

To Whom It May Concern;

As a prospective Body Artist in Suffolk County, I am requesting a variance of Code Section 760-1403.11 (Apprenticeship Procedure) of Article 14. The reason that I am requesting this variance is to forego the requirements of apprenticing under a Suffolk County Body Artist Mentor, including the completion of a minimum of 1,000 hours of training in my modality of Cosmetic Tattooing (specific to the technique of microblading).

My experience and training as a licensed _____ in New York State, as provided for by the Division of Licensing Services, included a minimum of _____ hours of formalized schooling. In addition, my training in the modality of microblading included a minimum of _____ hours under direct supervision of an experienced trainer. My formalized schooling and specific training have included the practicing of aseptic technique and universal precautions while interacting with a person's skin and hair. The experience and knowledge gained during this vigorous training has allowed me to perform various procedures on the skin of members of the public, while limiting the potential for the spread of communicable diseases.

Attached you will find documentation of my various licenses, modality-specific training, and duration of experience in the field of skin enhancements. I believe that this experience and education will meet or exceed what would have been obtained during an apprenticeship process in Suffolk County.

Sincerely,

(signed name)

(printed name)



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