

- E. (New Application Only) Provide documentation of 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 deemed acceptable to the Board
- F. (New Application Only) Copy of any prior training, licenses, permits or certification relevant to body art
- G. (New Application Only) Bloodborne pathogen training program or equivalent which includes infectious disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitization, disinfection and sterilization methods and techniques. (Applicant must show a dated certificate of completion for training course which fulfills the requirement of 29 CFR 1910.1030 et seq.)
- H. (New Application Only) Evidence satisfactory to the Board of at least two years actual experience in the practice of performing body piercing, whether such experience was obtained within or outside of the Commonwealth, including but not limited to experience, training, licensing, permits or certifications.
- I. (New Application Only) Documentation of completed course on anatomy, completed an examination on anatomy, or possess an equivalent combination of training and experience.

APPLICANT/BODY ART PRACTITIONER PERMIT
STATEMENT OF CONSENT

I understand that this permit expires two (2) years from date of issue. I understand that any required notice to be given to me by the Marion Board of Health may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Marion Board of Health. I have received a copy of the Marion Board of Health Rules and Regulations on Body Art. I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Marion Board of Health requirements and has a valid Body Art Permit conspicuously posted within the establishment where I work.

I hereby authorize the Town of Marion, its agents and employees to seek information and conduct an investigation into the truth of statements set forth in the application and the qualifications of the applicant for this permit.

I hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete, accurate, and not misrepresented in any way.

Date

Signature

Name and Title (Print)

NO APPLICATION WILL BE REVIEWED BY THE BOARD OF HEALTH UNTIL ALL NECESSARY DOCUMENTATION IS SUBMITTED

Reviewed 8/3/2021

For Board of Health Use Only

Check #: _____

Date: _____

Amount: _____