

- A. The apprentice must be sponsored by a licensed practitioner throughout his/her entire training. Each licensed body art practitioner may supervise only one apprentice at a time.
- B. (New & Renewal) Evidence of current certification in First Aid/CPR (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last 2 years)
- C. (New & Renewal) A completed SORI request form from applicant
- D. (New & Renewal) Copy of Valid photo Identification
- 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) A valid permit for an establishment and/or licensed practitioner must be maintained for 1 year in the Town of Marion prior to a licensed practitioner at the establishment serving as a supervisor to an apprentice. The establishment and the practitioners must have no violations or validated complaints for one (1) year in the Town of Marion prior to submittal of an apprentice license application from an establishment.
- G. (New Application Only) Documentation of Hepatitis B Virus (HBV) vaccination Status
- H. (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.)
- 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 APPRENTICE PRACTITIONER PERMIT
STATEMENT OF CONSENT

I understand that this permit expires one (1) year 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 and have read and understand the requirements. 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: _____