

10. Provide the Following With Application:

- 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) Copy of Valid photo Identification
- D. (New Application Only) Documentation of completion of Quincy Health Department skin course or equivalent
- E. (New Application Only) A valid permit for an establishment and/or licensed practitioner must be maintained for 1 year in the Town of Hudson 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 Hudson prior to submittal of an apprentice license application from an establishment.
- F. (New Application Only) Documentation of Hepatitis B Virus (HBV) vaccination Status and Tetnus doses or booster.
- G. (New Application Only) Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for training course which fulfills the requirement of 29 CFR 1910.1030 et seq.)

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 Hudson 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 Hudson Board of Health. I have received a copy of the Hudson 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 Hudson 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 Hudson, 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