

# COUNTY OF SUFFOLK



**EDWARD P. ROMAINÉ**  
SUFFOLK COUNTY EXECUTIVE

## DEPARTMENT OF HEALTH SERVICES

**GREGSON H. PIGOTT, MD, MPH**  
Commissioner

Dear Prospective Body Artist,

In order to obtain a Certificate, your attendance at the Department's "Body Artist Exam" is required before your Certificate will be issued. Please read the following steps to obtain your certificate in a timely fashion:

### Payment

- Payment of \$90.00 is required by check, money order or visa/master card, paid to the order of the Commissioner of Health Services.
- Payment over the phone can be made at 631-852-5999.

### Application:

- Please email, drop off in-person, or mail a **fully completed** application package **no less than one week** prior to the class date.
- Attach all relevant copies of certificates, licenses, and consent forms.

### Exam Day:

- Address: 360 Yaphank Ave. Yaphank, NY in the first-floor classroom.
- Exam format: 50 multiple choice questions based on the Study Guide and Article 14, and you have 2 hours to complete the exam.

### Study Material:

- Website: <https://www.suffolkcountyny.gov/Departments/Health-Services/Public-Health-Protection/Body-Art-Establishments>
- Article 14: <https://www.suffolkcountyny.gov/Portals/0/FormsDocs/Health/PublicHealthProtection/Article%2014%20-%20Suffolk%20County%20Sanitary%20Code.pdf>

Sincerely,

Christopher Kandell  
Associate Public Health Sanitarian  
Bureau of Public Health Protection  
Suffolk County Department of Health Services  
php@suffolkcountyny.gov  
Phone: 631-852-5999  
Fax: 631-852-5871



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

For Office Use Only

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\_\_\_\_ Body Artist \_\_\_\_ Body Piercer \_\_\_\_ Apprentice

\_\_\_\_ Owner \_\_\_\_ Manager

\_\_\_\_ Permanent Make-up \_\_\_\_ 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: \_\_\_\_\_

**For Office Use Only**

DATE OF CLASS ATTENDANCE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXAM SCORE: \_\_\_\_\_ CERTIFICATE ISSUED: \_\_\_\_ YES \_\_\_\_ NO

CERTIFICATE #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$90 FEE PAID: \_\_\_\_ YES \_\_\_\_ NO METHOD OF PAYMENT: \_\_\_\_ VISA/MASTERCARD \_\_\_\_ CHECK \_\_\_\_ MONEY ORDER

# **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**

1. Do you have a Nassau County or New York City Tattoo Artist license? Yes ☐ No ☐  
a. Date of Issuance: \_\_\_\_\_
2. Do you have a Body Artist license from another jurisdiction? Yes ☐ No ☐  
a. County, State: \_\_\_\_\_  
b. Date of Issuance: \_\_\_\_\_
3. Do you have a Cosmetology or Esthetician license? Yes ☐ No ☐

***PLEASE ATTACH ANY ABOVE LISTED LICENSES***

### Prior Work Experience

Name of Establishment	County, State	Dates	Number of Procedures

### Permanent Makeup or Microblading Courses

Course	County, State	Teacher	Hours	Number of Supervised Procedures

***PLEASE ATTACH ANY ABOVE LISTED:***

- 1. Certificates of Completion*
- 2. Consent forms*



# **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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**DEPARTMENT OF HEALTH SERVICES**

**Gregson H. Pigott, MD, MPH**  
Commissioner

## 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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