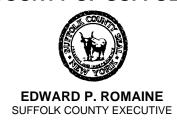
COUNTY OF SUFFOLK



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 <u>fully completed</u> application package <u>no less than one week</u> prior to the class date.
- Attach all relevant copies of certificates, licenses, and consent forms.

Exam Dav:

- 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

 $14: \underline{https://www.suffolkcountyny.gov/Portals/0/FormsDocs/Health/PublicHealthProtection/Article\% 2014 \underline{\%20-\%20Suffolk\%20County\%20Sanitary\%20Code.pdf}$

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



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES BODY ARTIST CERTIFICATE APPLICATION

	For Office Use Only	For Office Use Only
		Body ArtistBody PiercerApprentice
		OwnerManager
		Permanent Make-upCosmetic Tattoo Artist
	PLEASE PRINT	USE BLACK INK ONLY
DE.	RSONAL INFORMATION:	
		Dhona No. (
		Phone No.: ()
Stre	eet Address:	
Cit	y:	Zip Code://
Dat	te of Birth:/Em	ail Address:
Cui	rrent Suffolk County Dept. of Health Body	Artist Certificate No.:
Cer	rtificate Expiration Date://	Equipment Type (check one):Multi-useSingle-us
SH	OP INFORMATION:	
Suf	folk County permitted facility is required to	ou are presently employed in Suffolk County, NY. Employment at a or receive a Body Artist Certificate Permit #
	y:	Zip Code:///
	one No.: ()	
		OwnerEmployeePrivate Contractor
Sar	nitary Code, Body Art Establishment Re	all the provisions set forth in Article 14 of the Suffolk County egulations, including but not limited to Section 760-1409 Person thereby agrees that the information provided herein is accurate
Sig	nature:	Date:
	Fo	or Office Use Only
	<u>= </u>	
DA		EXAM SCORE: CERTIFICATE ISSUED:YESNO

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:					
Shon Name:	Shop Permit No :				



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?a. County, State:					Yes 🔲	No 🔲
b. Date of Issuance:3. Do you have a Cosmetology or Esthetician license?					Yes 🔲	No 🔲
PLEASE ATTACH ANY ABO	VE LIST	ED LICENSES				
Prior Work Experience						
Name of Establishment		County, State D		Date		Number of Procedures
Permanent Makeup or Microblading Courses						
Course	C	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)			
Artist. The Suffolk Cour. Body Artist Apprentice.	nty Certified Body Artic The Apprenticing Body	•	
Establishment Name: _			
Establishment Address:_			
Permit #			
Anticipated Start/End Da	ate of Apprenticeship _		
	<u>Mentor</u>	ring Artist Information	
Printed Name	<u>Signature</u>	Certificate #	Phone #
1.			



2.

COUNTY OF SUFFOLK



DEPARTMENT OF HEALTH SERVICES

Gregson H. Pigott, MD, MPH Commissioner

Variance Request Letter

As a prospective Body Artist in Suffolk County, I am requesting a variance of Code Section 760-

To Whom It May Concern;

1403.11 (Apprenticeship Procedure) of Article 14. The re requirements of apprenticing under a Suffolk County Bodyminimum of 1,000 hours of training in my modality of Comicroblading).	y Artist Mentor, including the completion of a
for by the Division of Licensing Services, included a mini- addition, my training in the modality of microblading inclu- supervision of an experienced trainer. My formalized scho- practicing of aseptic technique and universal precautions we experience and knowledge gained during this vigorous trai- tion the skin of members of the public, while limiting the po-	uded a minimum of hours under direct ooling and specific training have included the while interacting with a person's skin and hair. The ining has allowed me to perform various procedures otential for the spread of communicable diseases. us licenses, modality-specific training, and duration of at this experience and education will meet or exceed
	Sincerely,
	(signed name)



(printed name)