

# COUNTY OF SUFFOLK



**STEVEN BELLONE**  
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

**JAMES L. TOMARKEN, MD, MPH, MBA, MSW**  
Commissioner

Dear Prospective Permanent Makeup or Microblade Artist,

Thank you for your interest in obtaining a Body Artist/Body Artist Apprentice Certificate. In order to obtain a Certificate, your attendance at the Department's "Body Artist Certificate Class" and subsequent passing of a written exam is required before your Certificate will be issued. Attendance at the class will be granted once the Department has received a **fully completed** application package **no less than two (2) weeks** prior to the class date. Applications shall be submitted via mail or in-person at our office. Once your application package has been received and reviewed, a confirmation letter will be sent to you via email. Payment of \$90.00 is required by check, money order or visa/master card, paid to the order of the Commissioner of Health Services. The certificate must be renewed every three years.

Below you will find a checklist of all required documents that are needed in order to deem your application complete. If you cannot provide all of these documents in full, **do not** submit your application package, as it will not be accepted. The Department will review special/extenuating circumstances for application paperwork on a case-by-case basis.

## **Permanent Make-up/Cosmetic Tattoo Artist Applications:**

- Body Artist Certificate Application
- Declination of Hepatitis B Vaccine (or proof of vaccine)
- Attestation Form (documenting schooling or alternate experience)
- Letter of Recommendation/Certificate of Completion from Cosmetic Tattoo School
- Course Syllabus from Permanent Make-up/Cosmetic Tattoo School
- Instructor CV
- Apprentice Registration Form (if no previous qualifying experience or schooling)
- Copies of Applicable Licenses (i.e. Cosmetology, Esthetics, Medical Professional)
- Documentation of 10 Supervised Procedures (i.e. Consent Forms with Before/After Photos)
- Variance Letter (if applying for variance from Apprentice Requirements)

Sincerely,

*Madelaine Feindt*

Madelaine Feindt  
Associate Public Health Sanitarian



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360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980 (631) 852-5900 FAX (631) 852-4824

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

<u>For Office Use Only</u>	<u>For Office Use Only</u>  <input type="checkbox"/> Body Artist <input type="checkbox"/> Body Piercer <input type="checkbox"/> Apprentice  <input type="checkbox"/> Owner <input type="checkbox"/> Manager  <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Cosmetic Tattoo Artist
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**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: \_\_\_\_\_

<b><u>For Office Use Only</u></b>	
DATE OF CLASS ATTENDANCE: ____/____/____	EXAM SCORE: _____ CERTIFICATE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATE #: _____	DATE ISSUED: ____/____/____ DATE EXPIRES: ____/____/____
\$90 FEE PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO METHOD OF PAYMENT: <input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	

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**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**

**\*This form is specific to Permanent Make-up and/or Cosmetic Tattoo Artists**

I, \_\_\_\_\_, attest that to the best of my knowledge and my belief, the following information provided in this declaration is true and correct. I understand that the Suffolk County Dept. of Health Services may request additional information to substantiate the statements made in this declaration:

Name of Permanent Make-up or Cosmetic Tattoo School: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Program/Course Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Classroom hours: \_\_\_\_\_ No. of Supervised Procedures Conducted: \_\_\_\_\_

**ATTACH: LETTER OF RECOMMENDATION OR CERTIFICATE OF COMPLETION**

**ATTACH: COURSE SYLLABUS AND INSTRUCTOR CV**

**Permanent Make-up or Cosmetic Tattoo Procedure Experience**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Number of Procedures Conducted: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Attester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL APPLICABLE LICENSES HELD**



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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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## Body Artist Apprentice Guidelines

### **\*For aspiring Body Artists without a Suffolk County Body Artist Certificate**

*An apprentice must register with the Suffolk County Department of Health, work in a Suffolk County permitted shop, and fulfill the following conditions as per Suffolk County Sanitary Code Article 14.*

1. The apprentice must be sponsored by one or more fully certified **mentoring artists** with no less than three years of experience. A mentor may supervise a maximum of two apprentices concurrently.
2. Submit an Apprentice Registration form that is signed by the mentoring artist(s).
3. He/she must successfully complete the Body Artist Certification class and be awarded an “Apprentice Body Artist Certificate” **prior** to conducting any procedure on a person.
4. The certified apprentice is required to accumulate a total of no less than **1,000 hours** of training under the direct supervision of the mentor(s). A request for a variance of this requirement must be submitted in writing to this Department.
5. A minimum of **10** supervised and documented procedures is required, without exception. **All procedures performed by the apprentice must be directly supervised by the mentoring artist.**
6. Notification to the Department must be made if **mentorship changes** during the course of Apprenticeship.
7. The apprentice is totally and solely responsible for recording detailed descriptions of the work/tasks she/he performed including the date and time spent on each procedure. The mentor’s name and signature is required for each entry.
8. Upon completion of no less than 1,000 hours, the apprentice must submit to the Health Department the entire log of hours kept. The last page of the log must be signed by the mentoring artist finalizing the apprenticeship.
9. **An on-site inspection with the apprentice at his/her work station will be scheduled after the logbook has been reviewed and approved by this Department. The physical set-up of the station, sanitation procedures, patron records, autoclave log, body art equipment, etc. will be assessed at the inspection.**

*Please be aware that obtaining a Body Artist Certificate authorizes the holder to perform body art procedures only in a premise under permit with this Department or in a licensed medical facility.*



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**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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## Suffolk County Body Art Frequently Asked Questions (FAQs)

- **I was a licensed/certified artist in another jurisdiction; do I need to complete the Apprenticeship requirement?** *No. A reciprocal Body Artist Certificate can be issued once you have completed the “Attestation” form and submitted the form along with the required Letter of Recommendation from your former shop owner, and subsequently attend the Body Artist Certificate Class and pass the written exam given by this Department.*
- **What requirements does my mentor need to meet in order to be approved?** *Article 14 requires that a mentor hold a valid Suffolk County Body Artist Certificate for a period of no less than 3 years, and be in good standing with the Department (no documented violations).*
- **Can I perform my apprenticeship outside of Suffolk County?** *The Suffolk County Department of Health Services does not have jurisdiction over any other license/certificate program. As long as you comply with the regulations for the jurisdiction you are working in, experience gained in an outside jurisdiction will be reviewed and accepted on a case-by-case basis. An “Attestation” form must be completed in addition to your apprentice log, and the credentials/experience of the person acting as your mentor outside of Suffolk County shall be submitted. A variance of the mentor requirement can be requested in writing, as allowed for by section 760-1420 of Article 14.*
- **Can my consent forms and patron records be electronically signed and stored?** *While Article 14, section 760-1411.1.c does require that “records shall be entered in ink, on paper”, a variance of this section can be requested in writing, as allowed for by section 760-1420 of Article 14.*
- **I want to be able to perform Cosmetic Tattoo procedures (such as microblading), but I do not have an equivalent of a Body Artist license/certificate from another jurisdiction. Do I need to complete the Apprenticeship requirement?** *Not necessarily. Often times, professional licenses and trainings can be used as a substitute for the apprenticeship requirement of Article 14. Most commonly, persons who are licensed estheticians and cosmetologists have completed education programs as provided for by the New York State Division of Licensing Services and the mandated hours of your education program in skin enhancement procedures can be accepted along with documentation of your modality-specific training. A variance of the apprenticeship requirement can be requested in writing, as allowed for by section 760-1420 of Article 14. The Department will provide you with documents to complete in order to facilitate this variance request.*
- **Can I perform Body Art procedures from my home or home business office?** *Article 14 does not contain any specific restrictions regarding working from your home. However, Article 14 does require that all Body Art procedures be performed in a permitted facility. In order to obtain a permit for a home business, you will need to provide proof of a business certificate from your*



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*local Town or Village Building Department or Zoning Board that allows you to conduct business from your residence. If you are approved to conduct business out of your residence by your local Town or Village, you will still need to go through the plan review process in order to obtain a permit from this Department.*

- **Do I need to have a Body Artist Certificate and a permitted facility to work out of, even if I am performing Body Art procedures on friends and family for free?** *YES! There is no distinction in Article 14 between performing Body Art procedures for free or for compensation. Article 14 does not provide an exemption for performing Body Art procedures on friends or family relatives.*
- **I am a duly licensed Health Professional (as defined by New York State Ed Law); can I perform Body Art procedures without a Body Artist Certificate?** *Yes, Article 14 does allow for licensed Health Professionals to perform Body Art procedures without a valid Body Artist Certificate.*

