

DATE RECEIVED: _____

BODY ART PRACTITIONER
NEW HIRE CHECKLIST

TATTOO PRACTITIONER **BODY PIERCING PRACTITIONER**

Name of New Hire (*legal name & nicknames*) _____

Phone Number(s) _____

Email _____

Signature _____

Date Hired _____

Name & Address of Body Art Establishment _____

Name of Establishment Owner _____

Phone Number(s) _____

Owner Signature _____

Requirements to become an Approved Body Art Practitioner:

In accordance with NJAC 8:27, Body Art & Ear-Piercing Facility Standards ET SEQ

___ Submit documentation to Local Health Department for Review & Approval

___ Documentation and Verification of Completed Apprenticeship
2000 hrs for Tattooing / 1000 hrs Body- Piercing
(Under direct supervision of approved Practitioner) Provide written proof such as;
Log Books with apprentice & supervising practitioner signatures

___ 10 client applications, with accompanying adverse reactions

___ Original photographs of 10 Tattoos and/or Body Piercings

___ Hepatitis B form (*as required by OSHA*)

___ Proof of successful completion of Bloodborne Pathogen Course

___ Current malpractice liability insurance

Name of Health Official _____

Signature _____

Date Approved _____