

DATE RECEIVED: _____

BODY ART PRACTITIONER
NEW HIRE CHECKLIST

EAR-PIERCING PRACTITIONER

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

Phone Number(s) _____

Email _____

Signature _____

Date Hired _____

Name & Address of Ear-Piercing Establishment _____

Name of Establishment Owner _____

Phone Number(s) _____

Owner Signature _____

Requirements to become an Approved Ear-Piercing Practitioner:

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

____ Submit documentation to Local Health Department for Review & Approval

____ Proof of successful completion of a training program (including the name of employee, name of trainer and content of the training program)

____ Proof of completion of at least 3 lobe and 3 cartilage procedures (letter from the operator)

____ Current malpractice liability insurance

Name of Health Official _____

Signature _____

Date Approved _____