

DATE RECEIVED: _____

PERMANENT COSMETIC PRACTITIONER NEW HIRE CHECKLIST

PERMANENT COSMETICS PRACTITIONER

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

Phone Number(s) _____

Email _____

Signature _____

Name & Address of Body Art Establishment _____

Name of Establishment Owner _____

Phone Number(s): _____

Owner Signature _____

Requirements to become an Approved Permanent Cosmetic 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:
100-hour training program approved by the American Academy of Micropigmentation, Society of Permanent Cosmetic Professionals, The SoftTap Inc. or other acceptable alternative, (Under direct supervision of approved Practitioner) **Must provide written proof demonstrating completion of training program

____ Certification from the American Academy of Micropigmentation, SPCP, soft-tap or acceptable alternative

____ Perform, under direct supervision of a practitioner a minimum of 5 of each:
eyebrow simulation, lip lining or shading and eye liner

____ Five photographs of each procedure: eyebrow simulation, lip lining or shading and eye liner

____ Proof of successful completion of Bloodborne Pathogen Course

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

____ Current malpractice liability insurance

Do you have credentials to perform Areola Restoration or Camouflage? _____ YES _____ NO

*Provide credentials to be approved to perform areola restoration or camouflage

Name of Health Official _____

Signature _____

Date Approved _____