

**ROCKLAND COUNTY HEALTH DEPARTMENT
CENTER FOR ROCKLAND CODES INVESTIGATIONS**

**2022 APPLICATION FOR GUEST PRACTITIONER PERMIT TO PRACTICE BODY ART IN
ROCKLAND COUNTY**

PURSUANT TO THE RC SANITARY CODE, ARTICLE XVI, COMPLETE ALL ITEMS THAT APPLY TO YOU, SIGN ON THE BACK PAGE AND RETURN WITH A CHECK OR MONEY ORDER MADE PAYABLE TO THE COMMISSIONER OF FINANCE IN THE AMOUNT OF \$105.00 AT LEAST 30 DAYS PRIOR TO THE ACTUAL DATE OF YOUR GUEST APPEARANCE. MAIL TO:

**ROCKLAND COUNTY HEALTH DEPARTMENT
CENTER FOR ROCKLAND CODES INVESTIGATIONS
ATTENTION: SUE AUGUSTONI
50 SANATORIUM ROAD, BUILDING D
POMONA, NEW YORK 10970**

SECTION A: TEMPORARY/GUEST PRACTITIONER INFORMATION

LEGAL NAME: _____

DATE OF BIRTH: _____ AGE: _____

RESIDENCE ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

RESIDENCE TELEPHONE: _____

MAILING ADDRESS [IF DIFFERENT THAN ABOVE]:

TOWN: _____ STATE: _____ ZIP CODE: _____

CELLULAR TELEPHONE: _____

ALTERNATE CONTACT INFORMATION: _____

PERMIT FOR BODY ART PROCEDURE TATTOO PIERCE
 OTHER _____

LIST ALL NAMES USED BY YOU IN THE INDUSTRY FORMERLY AND/OR CURRENTLY:

TRADE NAME: _____

NICKNAME: _____

AKA: _____

ALIAS: _____

ATTACH TWO 2" x 3" PASSPORT PHOTOS TAKEN WITHIN 30 DAYS OF FILING THIS APPLICATION.
[ONE PHOTO WILL BE AFFIXED TO YOUR TEMPORARY PRACTITIONER PERMIT, KEPT ON FILE AND AVAILABLE FOR INSPECTION AT THE ESTABLISHMENT. THE OTHER PHOTO WILL BE A PERMANENT RECORD IN THE HEALTH DEPARTMENT'S FILE]

2" x 3"
PASSPORT
PHOTOS
ATTACH HERE

SECTION B: EMPLOYMENT/APPEARANCE INFORMATION

ESTABLISHMENT NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ TOWN: _____ NY ZIP: _____

OWNER /OPERATOR: _____ DATE(S) OF EMPLOYMENT/APPEARANCE: _____

OWNER/OPERATOR SIGNATURE: _____ COPY OF ESTABLISHMENT PERMIT ATTACHED

SECTION C: TEMPORARY/GUEST PRACTITIONER TRAINING

***LIST ALL TRAINING AND/OR CERTIFICATIONS SUCCESSFULLY COMPLETED IN NY OR ANY OTHER STATE:**

| TRAINING/CERTIFICATION | LOCATION(S) | DATE(S) |
|--|-------------|---------|
| BLOODBORNE PATHOGENS (OSHA) INFECTIOUS DISEASE CONTROL, WASTE DISPOSAL, HAND-WASHING TECHNIQUES, STERILIZATION OF EQUIPMENT, STERILIZATION OF OPERATION, STERILIZATION METHODS <u>AND</u> SANITIZATION & DISINFECTION. | | |
| FIRST AID (ARC or equivalent; 3 year) | | |
| CPR (ARC or equivalent; 1 or 2 year) | | |
| ANATOMY COURSE, EXAMINATION <u>OR</u> TRAINING AND EXPERIENCE. | | |
| SKIN DISEASES, DISORDERS & CONDITIONS COURSE, EXAMINATION <u>OR</u> TRAINING & EXPERIENCE | | |

*SUBMIT APPROPRIATE DOCUMENTATION VERIFYING ABOVE WITH APPLICATION.

SECTION D: SIGNATURE

I HEREBY ACKNOWLEDGE THAT I RECEIVED, READ AND UNDERSTAND THE REQUIREMENTS OF THE ROCKLAND COUNTY SANITARY CODE, ARTICLE XVI, BODY ART, INCLUDING THAT A TEMPORARY PERMIT IS NOT TRANSFERABLE. FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER PENAL LAW. FAILURE TO SIGN THIS FORM MAY DELAY ISSUANCE OF YOUR PERMIT TO PRACTICE. PRACTICING WITHOUT A VALID PERMIT IS A VIOLATION OF THE ROCKLAND COUNTY SANITARY CODE.

SIGNATURE OF TEMPORARY/GUEST PRACTITIONER APPLICANT: _____

PRINT NAME OF TEMPORARY/GUEST PRACTITIONER APPLICANT: _____

DATE: _____

FOR OFFICIAL USE ONLY

PERMIT ISSUANCE RECOMMENDED? YES NO

TEMPORARY PERMIT EFFECTIVE DATE: _____ TEMPORARY PERMIT EXPIRATION DATE: _____

CONDITIONS OF APPROVAL? YES NO



SIGNATURE: _____ TITLE: _____ DATE: _____