

# CITY OF FALL RIVER, MA - Body Piercing Apprenticeship Application



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residence address  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different from residence address) \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Place(s) of prior employment as a practitioner and duties (if any). *Please list on a separate page. If "None", indicate below.*  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of **approved** trainer (*note: the Board of Health must first approve a trainer before an apprentice can be taken*)  
\_\_\_\_\_  
\_\_\_\_\_

## The following must be included with the application:

1. Proof of all the following training requirements :
  - a. Bloodborne pathogen training program (or equivalent) which includes infectious disease control, waste disposal, hand washing techniques, sterilization equipment operation and methods, and sanitization, disinfection and sterilization methods and techniques
  - b. Documentation, acceptable to the Board, of a completed course on anatomy, or possession of an equivalent combination of training and experience deemed acceptable to the Board
  - c. Current certification in Basic First Aid and Cardiopulmonary Resuscitation (CPR)
2. Signed letter of acceptance by a trainer
3. Proof of identity, by a driver's license/state issued I.D. (at the time the application is presented to the Sanitation Inspector), showing the applicant is at least 18 years of age
4. A completed Tax Certification Form, signed by the City Collector (2<sup>nd</sup> Floor)
5. Completed and signed Worker's Compensation Insurance Affidavit
6. Payment of the current application fee - **\$150.00** (check or money order, payable to the City of Fall River)

*Please note that failure to provide all of the required materials along with the application may result in return of the application along with the fee and may require submission of a new application. Denied applications will not result in a returned fee. Certificates expire 1 year from the date of issue and may be revoked for cause at any time by the Board of Health.*

## Please read & check-off the following, and then sign:

- I certify that I have read the Fall River Board of Health's Body Piercing Regulations and do hereby agree to abide by them.
- I hereby agree to abide by the rules and regulations and recommended procedures on the prevention of disease transmission in body piercing, sanitation, sterilization, handling of infections, and aftercare, as well as universal body fluid precautions, sharp and biologic waste disposal as stated in the Federal Register of EPA Rules and Regulations on Bloodborne Pathogens.

**Signed under the pains and penalties of perjury:**

Signature:

Date:

## For office use only:

Date reviewed \_\_\_\_\_ ID verified \_\_\_\_\_

All training requirements verified? Yes \_\_\_ No \_\_\_

Tax Certification Letter approved \_\_\_\_\_

Recommend Certificate? Yes \_\_\_ No \_\_\_

Date of Board of Health Approval:

If "No" is checked, please comment: