

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records).

TRAINING: List all relevant courses taken:

Name of Course _____	Date: _____	
Institution _____	Contact/Reference _____	Phone # _____
Name of Course _____	Date: _____	
Institution _____	Contact/Reference _____	Phone # _____
Name of Course _____	Date: _____	
Institution _____	Contact/Reference _____	Phone # _____
Name of Course _____	Date: _____	
Institution _____	Contact/Reference _____	Phone # _____

EXPERIENCE: List all prior Body Art Experience:

Name of Establishment: _____	Address _____	
Date(s) of Employment _____	Reference: _____	Phone # _____
Name of Establishment: _____	Address _____	
Date(s) of Employment _____	Reference: _____	Phone # _____
Name of Establishment _____	Address _____	
Date(s) of Employment _____	Reference: _____	Phone # _____
Name of Establishment: _____	Address: _____	
Date(s) of Employment _____	Reference: _____	Phone # _____

Criminal Convictions: List all prior criminal convictions:

Offense: _____	Date: _____
Location: _____	
Offense: _____	Date: _____
Location: _____	
Offense: _____	Date: _____
Location: _____	
Offense: _____	Date: _____
Location: _____	