

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ALL 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	_____

Criminal Convictions: List all prior criminal convictions:

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