## FORM 1

## Body Art / Microblading Apprentice Application & Employment Verification



Applicant Information – To be completed by applicant				
Type of card:	□ MICROBLADING	☐ BODY ART (Tatto	o, piercing,	permanent makeup)
Apprentice Name:				
Home Address:				
City, State ZIP Code:				
Phone Number:				
Birth Date:				
E-Mail Address:				
I, the undersigned, understand that failure to comply with all applicable regulations may result in immediate revocation of my apprentice card.				
Applicant Signature:			Date:	
Mentor Information – To be completed by employer  Mentor Name:				
Mentor Card Number:			Phone:	
I, the undersigned, certify the applicant will operate body art services at the above-named permitted establishment in Clark County.				
Mentor Signature:			Date:	
The following documents are needed when checking in for your Body Art Card appointment/exam:  Completed/signed application Current Bloodborne Pathogen Training Certificate (dated within the last year) Valid photo ID				

## **Apprenticeship Information**

An **apprentice** is a person who is engaged in learning the occupation of a body artist in a body art establishment and **registered with the Health District** to practice body art techniques as an apprentice. See section 8.10 in the SNHD Regulations Governing Body Art. Upon completion of at least six months training, the applicant must return to the Health District with the completed EXPERIENCE VERIFICATION FORM.

Visit <u>www.snhd.info</u> for body art card requirements and exam locations Phone: (702) 759-0677 ▶ Fax: (702) 759-1486 ▶ Email: bodyart@snhd.org

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