



COUNTY OF ORANGE HEALTH CARE AGENCY
BODY ART PRACTITIONER REGISTRATION

1241 E. Dyer Rd, Suite 120, Santa Ana, CA 92705
(714) 433-6000 | OCBodyArt@ochca.com

PRACTITIONER INFORMATION

Form with fields for FA, PR, DATE OF BIRTH, FIRST NAME, MIDDLE NAME, LAST NAME, PHONE, RESIDENTIAL ADDRESS, E-MAIL, CITY, STATE, ZIP CODE, BUSINESS TYPE, MAILING ADDRESS, and PRIMARY LOCATION OF PRACTICE.

REQUIRED ATTACHMENTS

- 1. Provide Copy of Current BLOODBORNE PATHOGEN (BBP) Exposure Control Training Certificate
2. Attach Proof of Hepatitis B Vaccine OR Immunity OR Signed Hepatitis B Declination Form

Hepatitis B Vaccination Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, however, I decline the Hepatitis B vaccination at this time.

CHECK TO ACCEPT: []

TEMPORARY or TRAINING EVENTS (only)

Form with fields for NAME AND LOCATION WHERE TEMPORARY OR TRAINING EVENT IS BEING HELD, EVENT DATES, and EVENT SPONSOR / TRAINER BUSINESS NAME, CONTACT, ADDRESS, PHONE #

CERTIFICATION STATEMENT

I self-certify under penalty of law that I have personally examined the information submitted and the information is true, accurate, and complete; and I have knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art
I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CA SAFE BODY ART ACT AND FOR BODY ART PRACTITIONER REQUIREMENTS
I UNDERSTAND THAT VIOLATIONS OF THE CA SAFE BODY ART ACT ARE SUBJECT TO CIVIL AND/OR CRIMINAL PROSECUTION

Form with fields for SIGNATURE OF PRACTITIONER, DATE, and PRINT NAME

OFFICE USE ONLY

Form with fields for VERIFICATION OF AGE, PREPAID, INVOICE, REGISTRATION APPROVED BY, DATE, EXPIRATION DATE, HSO#, Payment Type, Date, Amount \$, and Initials