CLAYTON COUNTY ENVIRONMENTAL HEALTH

BODY ART ARTIST CERTIFICATION AND PERMITTING INFORMATION

Please note that the only form that is in this packet that should be submitted to our department is the Registration Form.

The other documents will be need to be submitted upon request once you have passed your designated exam. You will be contacted via email with instructions on how to submit/upload all needed information once your exam score is processed.

Guidance on Processing Body Artist Certifications

Body Artists are considered practitioners who perform tattooing, piercing, or microblading. Accordingly, Chapter 511-3-8, Rules, and Regulations for Body Art, does not apply to a physician or osteopath licensed under O.C.G.A. Chapter 34 of Title 43 or to a technician acting under the direct supervision of such licensed physician or osteopath.

If artists currently hold a local body artist permit or if no local permit is required and artists currently practice in a permitted studio, upon the effective date of this Chapter, October 6, 2023, those artists will be considered existing artists. Chapter 511-3-8, Rules and Regulations for Body Art, allows an existing body artist a maximum of twelve months (12) to meet the applicable requirements to obtain a Department of Public Health (DPH) certification to practice body art.

New artists applying for certification on or after the rules effective date of October 6, 2023, will be required to obtain a DPH Body Artist Certification before they begin to practice in a permitted studio.

Local County Health Department (LCHD), Environmental Health (EH) Offices should notify artists on the pending certification changes and provide guidance on how to obtain a DPH, Body Artist Certification or direct artists inquiries to the DPH, Environment Health Section (EHS), Body Art Program for additional guidance. All body artists must pass a Body Artist Exam given by the LCHD, EH Office. There is an exam for each body art procedure: tattooing, piercing, and microblading.

Steps in Processing an Artist Application:

1. An applicant must be at least 18 years of age.
2. An applicant must schedule to take the Body Artist Exam(s) with a LCHD, EH Office
3. Pay applicable Body Artist Exam(s) fees.
4. Pass the exam(s) with a score of at least 70 points.
5. When an applicant passes the exam(s), the Local County Health Department will provide the DPH Environmental Health Section with the applicant's passing grade sheet(s) with their personal contact information including name, address, phone number and email. Please write clearly and provide a working email address and phone number on the sheet.
6. Upon receipt of the examination sheet with the applicants contact information, DPH EHS will send an online application through a third-party processor called DocuSign to the applicants' email address.
    a. DocuSign is an electronic signature portal that allows users a way to send and sign documents with confidence.
    b. DocuSign will not require an artist to download any special application or create a password to access the DPH application.
    c. DPH is not currently charging a fee for an artist certification under the new rules.
7. Please use the "Review Document" link in this email to open, review, complete and sign the Georgia Department of Public Health Body Artist Certification Application.
8. An applicant will only be required to click on the link to gain access to the fillable Body Artist Certification application in the portal.

9. An applicant must complete the fields in the application and upload the required documents for approval by DPH, EHS.

10. The following documents must be uploaded with the application into the DocuSign processing portal:
    a. Copy of a Government Issued ID
    b. Signed and Notarized Verification of Residency Form
    c. Bloodborne Pathogen Training Certificate
    d. First Aid Training Certificate
    e. CPR Training Certificate
    f. Hepatitis B Vaccination Status which can be:
        i. Proof of Hepatitis B Vaccination
        ii. Written Laboratory Evidence of Immunity
        iii. Healthcare Provider Issues Contraindicated for Medical Reasons
        iv. Signed Declination of Hepatitis B Vaccination
11. Applicants will receive a completed copy of their application once they fill out all required fields, sign, and click the 'FINISH' button.
    a. Ensure all the information is complete and all documents are current before uploading.
    b. If the required fields are not completed, the portal will not allow the application to be sent.
    c. The DocuSign portal will allow you to save an incomplete application but once it is finished and sent it cannot be changed by the applicant.
    d. The applicant may only view and print the application from the link after submission.
12. Upon receipt of a completed application, DPH EHS will check the application for accuracy. Training documents shall not expire within 6 months of the application submission date.
13. Once approved, DPH, EHS will email the Body Artist Certification certificate to the applicant's email address. If there are any deficiencies, DPH will notify the applicant by phone or email to correct the issue(s).
14. Applicants must print the DPH, Body Artist Certification certificate. A copy of the Body Artist Certification shall be posted where it may be readily observed by clients.

Guest and Temporary Body Artist Permits

The Rules and Regulations for Body Art allow for Guest and Temporary Body Artist Permits. These are to be issued by the Local County Health Department where the individual wishes to work. If you would like to apply for a Guest or Temporary Body Artist Permit, please contact the Local County Health Department, Environmental Health Office.

Contact Information

Please contact the LCHD, EH Office or the DPH, EHS, Body Art Program at bodyart@dph.ga.gov for more information on obtaining a Body Artist Certification.

List of LCHD, EH Offices
https://dph.georgia.gov/document/document/environmental-health-county-phone-numbers/download

CLAYTON COUNTY
HEALTH DISTRICT

Certification Requirements for Body Artists

- **Artists must receive certification from the GA DPH Division of Environmental Health Office (see additional guidance).**
- **Certification is obtained by taking the exam associated with the appropriate body art procedure the artist will perform and submitting the required documents.**
  - Exam Types:
    - Tattooing
    - Microblading
    - Piercing
  - Documents (will be requested by the GA DPH upon passing the exam):
    - Government Issued ID
    - Residency Form (notarized)
    - First Aid Training Cert.
    - Bloodborne Pathogen Training Cert.
    - CPR Training Cert.
    - Hep B Vaccination Status or Signed Declination Form.
  - **Our office offers the required exam needed for certification. The exam fee is $50 (per exam proctored). Contact our office for further information at 678-610-7469.**

CLAYTON COUNTY
HEALTH DISTRICT

BODY ARTIST EXAM REGISTRATION FORM

REGISTRANT INFORMATION

Exam Date:_____ ☐**Session 1**: 10am – 12pm ☐**Session 2**: 2pm – 4pm

Legal Name (First, MI, Last):		Preferred Name:
☐ Owner ☐ Artist		Date of Birth:
Cell Phone:	Atl. Phone:	Email: @
Home Address:		
City:	State:	Zip Code:
Name of Body Art Establishment:		
Establishment Address:		
City:	State:	Zip Code:

EXAM TYPE
(PLEASE CHECK ALL THAT APPLY)

☐Tattoos ☐ Body Piercing ☐ Microblading

REQUIRED CERTIFICATION
(COPIES OF TRAINING CERTIFICATES MUST BE SUBMITTED WITH APPLICATION)

☐ Basic First Aid/CPR, Exp. Date: _____ ☐ Blood-Borne Pathogen, Exp. Date: _____

PROOF OF IDENTIFICATION *(please check one)*:

☐Valid Driver's License (State:____Number:_____) ☐State-Issued ID (State:____Number:_____)

HEALTH VACCINATION FORMS
(COPIES OF HEALTH RECORDS MUST BE SUBMITTED WITH APPLICATION)

☐Hepatitis B Series (Date Completed: _____)	☐Declination Form (Form Provided)

VERIFICATION

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND I HAVE ANSWERED TO THE BEST OF MY ABILITIES.

Applicant (Sign): _____	Date: _____

Notice: *All body artists are required to obtain their state body art certification as this is the current law. Artists who currently have a valid permit issued by our department have until Oct. 26, 2024, to gain certification. New artists applying for certification on or after the rules effective date of October 6, 2023, will be required to obtain a DPH Body Artist Certification before they begin to practice in a permitted studio.*

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Georgia Department of Public Health
Environmental Health Section|Body Art Program
dph.georgia.gov/environmental-health

HEPATITIS B VACCINE DECLINATION

The **hepatitis B vaccine** can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.

- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

Name (Print): _____

Signature: _____ Date: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency

I hereby swear, under oath, that I am: *(check <u>one</u> of the following)*

_____ Citizen of the United States;
_____ A legal permanent resident of the United States;
_____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):
_____ Driver's license
_____ Birth certificate
_____ US Passport
_____ US Permanent Residence or Alien Registration Receipt Card
_____ Certificate of Citizenship or Naturalization
_____ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Name (printed):

_____

Signature:

_____

Notes:
This form must be notarized or it <u>will not be accepted</u>.

Subscribed and sworn before me
this ____ day of _____, 20___.

_____
Notary Public
My commission expires _____.