



APPLICATION FOR BLOODBORNE PATHOGEN CERTIFICATION

Applicant Name: _____ Studio of Employment: _____

Tattoo/Body Piercer Certification #: _____ Studio Permit # _____

Applicant Home Address: _____
Street

City State Zip Code

Home Phone: _____ Work Phone: _____

Please check appropriate certification requests below:

Health Department Class & Certification: _____ \$50.00

*Substitute Source Certification: _____ \$15.00

*Must include copy of substitute training certification and test score verification with application and fee.

Payment Method: Check: _____ Money Order: _____

Individuals registering for Northern Kentucky Health Department's class will receive a confirmation upon processing of application and receipt of payment.

PLEASE LIST DATE AND TIME OF TRAINING COURSE PREFERRED

(Class date & time offerings available by contacting the Health Department)

1ST Choice _____

2nd Choice _____

Mail application and payment to: Northern Kentucky Health Department
Environmental Health & Safety
610 Medical Village Drive
Edgewood, KY 41017

DO NOT WRITE BELOW THIS LINE - HEALTH DEPARTMENT STAFF ONLY

Date Received: _____ Processed By: _____

Fee Amount: _____ Payment Method: Check _____ Money Order _____
Cash _____ (only if in person)

Date Confirmed: _____ Mail _____ Phone _____ In Person _____