



APPLICATION FOR BLOOD-BORNE PATHOGEN CERTIFICATION

Applicant Name: _____

Studio of Employment: _____

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

Applicant's Home Address: _____

Street

City

State

Zip Code

Home Phone: _____ Work Phone: _____

Please check appropriate certification requests below.

Health Department class and certification _____ \$50

Substitute source certification* _____ \$15

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

Payment method: Check Money Order

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

Please list date and time of preferred training course

(Class offerings available by contacting the Health Department at 859-341-4151)

First choice: _____ Second choice: _____

Mail application and payment to: Northern Kentucky Health Department,
Environmental Health and Safety, 8001 Veterans Memorial Drive, Florence, KY

DO NOT WRITE BELOW THIS LINE — HEALTH DEPARTMENT STAFF ONLY

Date received: _____ Fee amount: _____

Processed by: _____ Payment method: Check Cash Money Order
(in person only)

Date confirmed: _____ Mail _____ Phone _____ In Person _____