



## 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 \_\_\_\_\_ \$100

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 \_\_\_\_\_