

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
ADVISORY BOARD OF BODY ART PRACTITIONERS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



BODY ART PRACTITIONER AND APPRENTICE LICENSURE RENEWAL APPLICATION

Incomplete applications will be returned

Type of license to be renewed:

- Practitioner
- Apprentice

Classifications to be renewed:

- Tattooing
- Piercing
- Branding

The renewal fee is \$110.00, check or money order made payable to “Treasurer, State of NH”. The Board off is no longer issuing pocket cards. The license will be emailed to you so please provide a current email address below.

Legal Name (please print): _____
(first) (last)

Home Address: _____

Mailing Address: _____

Email Address: _____ Place of Business: _____

Home Phone: _____ Cell Phone: _____ Body Art license#: _____

CONTINUING EDUCATION REQUIREMENTS-FOR PRACTITIONERS ONLY:

3 hours of continuing education (“CE”) must be completed each renewal cycle in the subject areas of sterilization, first aid, Cardio-Pulmonary Resuscitation (CPR) certification, the prevention of disease transmission and blood-borne pathogens, anatomy and physiology, skin diseases, disorders, and conditions, and micropigmentation. Please complete below and attach certificates of completion. Attach additional pages if necessary.

Name of Course: _____

Location of Course: _____ Sponsor of Course: _____

Date Completed: _____ Number of CE's Obtained: _____

Name of Course: _____

Location of Course: _____ Sponsor of Course: _____

Date Completed: _____ Number of CE's Obtained: _____

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Location of Course: _____ Sponsor of Course: _____

Date Completed: _____ Number of CE's Obtained: _____

Have you had any disciplinary action taken against you in any other state? ___ Yes ___ No If yes, please explain:

FOR APPRENTICE RENEWALS ONLY:

Name of Supervising Licensee: _____

Supervisor's Mailing Address: _____

Supervisor's License Number: _____ Supervisor's Phone: _____

“By my signature I attest full compliance with RSA 328-B and all corresponding New Hampshire regulations and that the information and documentation provided are accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension and or revocation of a license.”

Signature: _____ Date: _____