



# Oregon

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## Standard Body Piercing Training - Program Information

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The State of Oregon, Board of Body Art Practitioners (BAP) requires that all Licensed Standard Body Piercers complete 1150 hours of training in a comprehensive Standard Body Piercing Training (SBPT) Program; the SBPT program includes 250 hours of training in theory and 900 hours of practical experience with a minimum of 400 specific body piercing procedures required.

The 400 practical procedures required must include:

- 100 practical procedures in which the trainee observes the supervisor;
- 100 practical procedures in which the trainee assists the supervisor; and
- 200 practical procedures performed by the trainee under direct supervision, but without assistance.

The SBPT must be completed under the direct supervision of an approved supervisor. Prior approval must be obtained from the Oregon Health Licensing Agency (agency) for individuals to act as a supervisor according to Oregon Administrative Rule 331-900-0050; Oregon Administrative Rule 331-900-0000; "Direct supervision" means the supervisor is physically present with, and engaged in, active training of a Temporary Body Piercing License holder.

The SBPT program has been derived from several sources including The Association of Professional Piercers, Procedures Manual 2005; Barron's E-Z Anatomy and Physiology, 2010; Atlas of Human Anatomy 4<sup>th</sup> Edition, Frank H. Netter, MD; The Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens; and the Centers for Disease Control and Prevention (CDC), Body Art.

The SBPT program contains specified training categories for each training segment; theory, practical and procedures. The amount of training within each category is **required**, in addition to completion of the theory portion being completed **prior** to commencing the specified practical experience and procedure training; however, the sequence of training within the theory segment will be determined by the supervisor. It is the responsibility of the trainee and supervisor to ensure all training requirements have been completed

All training forms must be completed, by the supervisor, during the SBPT. The Certification of Training Form\* must be submitted, to the agency, by the supervisor upon completion of the SBPT. In addition, all forms must be maintained by the supervisor for a period of two years after the trainee has completed the SBPT. The training forms must be kept on file by the supervisor and made available for inspection by the agency upon request.

The SBPT must be completed within no less than (9) nine months according to OAR 331-900-0005(15).

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# Standard Body Piercing Training Program Information, continued

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## Role of the Supervisor

1. Construct a training plan with the trainee, with appropriate sequence, using the basic building blocks of the training categories.
2. Identify, establish, and revise, as needed, the training plan with the trainee.
3. Assess, with the trainee, his/her learning needs on the basis of knowledge and understanding of the training program.
4. Actively guide the trainee through the training program by providing:
  - a. A training program orientation.
  - b. Clarification and information regarding expectations.
  - c. Frequent progress and evaluation meetings; restructuring the planned program, if desired, upon newly identified learning needs as the training progresses.

## Role of the Trainee

1. Assist the supervisor in identifying, establishing, and revising as needed the training plan based on knowledge and training.
2. Engage in the training program in a professional manner.

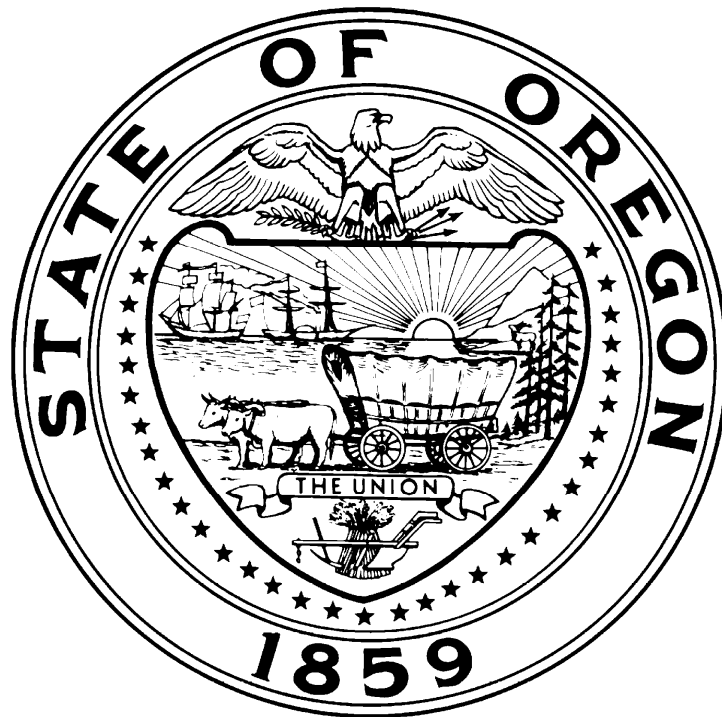
## SBPT Packet

The packet contains information and forms that will guide the approved supervisor and the trainee through the SBPT. The packet includes the following:

1. **Training Information** - Explains what the SBPT entails and the requirements within the SBPT.
2. **Training Objectives** – Provides detailed information about the subject matter within the SBPT.
3. **Training Tracking Forms** - Lists the required training categories which must be completed during the SBPT.
  - a. **Theory Training Tracking Forms**
  - b. **Practical Training Tracking Forms**
  - c. **Procedures Training Tracking Form**
4. **Certification of Training Form\*** – Used to certify the trainee has completed the SBPT.
5. **Examination Information** - Provides information regarding the practical and written examination requirements to obtain a Standard Body Piercing License.

# BOARD OF BODY ART PRACTITIONERS

## STANDARD BODY PIERCING



## TRAINING OBJECTIVES

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# **TRAINING OBJECTIVES**

## **THEORY**

**1.0 ANATOMY, PHYSIOLOGY AND HISTOLOGY** - Understanding the different levels of complexity found in the human body including the principles of the body cavity, the organs contained within, the major cellular components and the function of each component.

### **1.1 Cells**

- 1.1.1 Basic Construction of the Cell
- 1.1.2 Cell Reproduction and Division
- 1.1.3 Cell Metabolism

### **1.2 Tissues**

- 1.2.1 Connective Tissue
- 1.2.2 Epithelial Tissue
- 1.2.3 Muscular Tissue
- 1.2.4 Nerve Tissue

### **1.3 Muscles**

- 1.3.1 Muscles of the Ear
- 1.3.2 Muscles of Mastication
- 1.3.3 Muscles of the Neck
- 1.3.4 Muscles of the Eye Brow
- 1.3.5 Muscle of the Nose
- 1.3.6 Muscles of the Mouth
- 1.3.7 Muscles of the Arm
- 1.3.8 Muscles of the Hand
- 1.3.9 Muscles of the Torso
- 1.3.10 Muscles of the Face

### **1.4 Nervous System**

- 1.4.1 Divisions of the Nervous System
- 1.4.2 Nerve Cell Structure and Function
- 1.4.3 Types of Nerves
- 1.4.4 Nerves of the Head, Face and Neck
- 1.4.5 Nerves of the Arm and Hand
- 1.4.6 Nerves of the Torso

### **1.5 Circulatory System**

- 1.5.1 The Heart
- 1.5.2 Blood Vessels
- 1.5.3 The Blood
- 1.5.4 Arteries of the Head, Face, and Neck
- 1.5.5 Veins of the Head, Face, and Neck
- 1.5.6 Blood Supply of the Arm and Hand
- 1.5.7 Blood Supply of the Torso

## **1.6 Lymphatic System / Immune System**

- 1.6.1 Lymph
- 1.6.2 Interstitial
- 1.6.3 Lymph Capillaries
- 1.6.4 Lymph Nodes

## **1.7 Integumentary**

- 1.7.1 Skin Facts
- 1.7.2 Skin Functions
  - 1.7.2.1 Protection
  - 1.7.2.2 Sensation
  - 1.7.2.3 Heat Regulation
  - 1.7.2.4 Excretion
  - 1.7.2.5 Secretion
  - 1.7.2.6 Absorption
- 1.7.3 Layers of the Skin
  - 1.7.3.1 Epidermis
  - 1.7.3.2 Stratum Corneum
  - 1.7.3.3 Stratum Lucidum
  - 1.7.3.4 Stratum Granulosum
  - 1.7.3.5 Stratum Spinosum
  - 1.7.3.6 Stratum Germinativum
  - 1.7.3.7 Dermis
  - 1.7.3.8 Papillary Layer
  - 1.7.3.9 Reticular Layer
  - 1.7.3.10 Subcutaneous Tissue
- 1.7.4 Nerves
  - 1.7.4.1 Fibers
- 1.7.5 Skin Color
  - 1.7.5.1 Melanocytes
  - 1.7.5.2 Melanin
- 1.7.6 Glands
  - 1.7.6.1 Sebaceous (oil) Glands
  - 1.7.6.2 Sudoriferous (sweat) Glands

**2.0 Infection Control** – Understanding safety regulations and standards for disease and injury prevention relating to occupational and public health.

### **2.1 Federal and Other State Regulations**

- 2.1.1 Oregon Occupation Safety and Health Administration (OSHA)
- 2.1.2 Centers For Disease Control (CDC) / National Institute for Occupation Safety and Health (NIOSH)

### **2.2 Occupational Safety and Health Administration (OSHA)**

- 2.2.1 Blood Borne Pathogens
  - 2.2.1.1 Definitions
  - 2.2.1.2 Exposure Control
    - 2.2.1.2.1 Exposure Control Plan
    - 2.2.1.2.2 Exposure Determination
    - 2.2.1.2.3 Methods of Compliance
    - 2.2.1.2.4 Personal Protective Equipment
    - 2.2.1.2.5 Housekeeping
  - 2.2.1.3 Record Keeping
    - 2.2.1.3.1 Exposure Incidents
    - 2.2.1.3.2 Sharps Injury Log

## **2.3 Centers for Disease Control and Prevention (CDC)**

- 2.3.1 Get Vaccinated
- 2.3.2 Prevent Needle stick Injuries
  - 2.3.2.1 Sharps Disposal Container
  - 2.3.2.2 Labeling Requirements
- 2.3.3 Reduce Cross-Contamination
- 2.3.4 Follow State Regulations

## **2.4 Association of Professional Piercers**

- 2.4.1 Definitions
  - 2.4.1.1 Cross Contamination
  - 2.4.1.2 Microbiology
  - 2.4.1.3 Bacteriology
  - 2.4.1.4 Immunology
  - 2.4.1.5 Virology
  - 2.4.1.6 Bacteria
  - 2.4.1.7 Coccus
  - 2.4.1.8 Bacillus
  - 2.4.1.9 Spirillum
- 2.4.2 Microorganisms
  - 2.4.2.1 Types
  - 2.4.2.2 Survival and Growth
- 2.4.3 Infection Control
  - 2.4.3.1 Hand washing
  - 2.4.3.2 Hand Sanitizers
  - 2.4.3.3 Gloves
  - 2.4.3.4
- 2.4.4 Cleaning, Disinfection and Sterilization
  - 2.4.4.1 Process
  - 2.4.4.2 Levels / Types
  - 2.4.4.3 Procedure

## **3.0 Jewelry - Acceptable materials for initial piercings.**

### **3.1 Standards and Certification**

- 3.1.1 The American Standard for Testing Materials (ASTM)
- 3.1.2 Mill Sheet

### **3.2 Certified Materials For New Piercings**

- 3.2.1 ASTM Compliant Stainless Steel
- 3.2.2 ASTM Compliant Titanium
- 3.2.3 Niobium
- 3.2.4 Solid 14K or 18K Nickel free White or Yellow Gold
- 3.2.5 Platinum
- 3.2.6 PTFE
- 3.2.7 Tygon
- 3.2.8 Glass

### **3.3 Other Appropriate Materials**

- 3.3.1 ASTM/ISO compliant materials (for implants)



### **3.4 Jewelry Avoidance**

- 3.4.1 Conventional Jewelry
- 3.4.2 Gold-Filled, Rolled, or Plated Jewelry
- 3.4.3 Silver
- 3.4.4 Other Grades of Stainless Steel
- 3.4.5 Aluminum
- 3.4.6 Non FDA Approved Acrylic
- 3.4.7 No Exposed Threading

### **3.5 Determining Quality Jewelry**

- 3.5.1 Jewelry Quality
- 3.5.2 Polish
- 3.5.3 Annealing
- 3.5.4 Threading
- 3.5.5 Non-Threading
- 3.5.6 Machining
- 3.5.7 Jewelry Size, Gauge, Diameter, Styles

## **4.0 Equipment - Acceptable equipment for use in initial piercings.**

### **4.1 Disposable Supplies**

- 4.1.1 Use of Various Disposables (pre-sterilized)
  - 4.1.1.1 Rubber Bands
  - 4.1.1.2 Cotton swabs
  - 4.1.1.3 Toothpicks
  - 4.1.1.4 Wire Snips

### **4.2 Piercing Needles**

- 4.2.1 Needle Handling, Storage and Disposable
- 4.2.2 Sharps Disposal

### **4.3 Reusable Equipment.**

- 4.3.1 Contaminated tools
  - 4.3.1.1 Cleaned in ultrasonic
  - 4.3.1.2 Rinsed
  - 4.3.1.3 Dried
  - 4.3.1.4 Bagged and labeled with date
  - 4.3.1.5 Sterilized in an autoclave

### **4.4 Tools**

- 4.4.1 Forceps
- 4.4.2 Hemostats
- 4.4.3 Needle Holders
- 4.4.4 Needle Receiving Tubes
- 4.4.5 Pliers
  - 4.4.5.1 Ring Closing Pliers
  - 4.4.5.2 Ring Opening (or Expanding) Pliers
  - 4.4.5.3 Bending Pliers
- 4.4.6 Connecting Snips
- 4.4.7 Calipers
- 4.4.8 Gauge Wheels
- 4.4.9 Insertion Tapers
- 4.4.10 Piercing Tray
- 4.4.11 Sundry Jars

**5.0 Environment** - The piercing establishment.

**5.1 Reception and Sales Room**

5.1.1 Counter

5.1.2 Display

**5.2 Piercing Room**

5.2.1 Service Area

5.2.2 Furniture

**5.3 Biohazard and Sterilization Room(s)**

5.3.1 Two Room Set-Up

5.3.2 One Room Set-Up

5.3.3 General Guidelines

**5.4 Restroom**

5.4.1 Sinks

5.4.2 Paper Towels

5.4.3 Trash

5.4.4 Disinfection

**6.0 Ethics and Legalities** - Ethical regulations and standards within the piercing establishment.

**6.1 Personal Boundaries**

6.1.1 Behavior

**6.2 Minors**

6.2.1 Oregon Administrated Rules Chapter 331

**6.3 Drugs and Alcohol**

6.3.1 Oregon Administrated Rules Chapter 331

**7.0 Emergencies** - General knowledge of first aid and responding to emergencies.

**7.1 Being Prepared In the Piercing Establishment**

**7.2 First Aid**

7.2.1 In case of Emergency

7.2.2 Basic First Aid Knowledge

**7.3 Needle Stick Accidents**

7.3.1 How to reduce the likelihood of a needle stick incident.

**7.4 Bleeding**

7.4.1 General

7.4.2 Emergency Bleeding

## **7.5 Fainting**

### 7.5.1 Frequent Causes

## **7.6 Loss of Consciousness**

### 7.6.1 Special Circumstances

#### 7.6.1.1 Diabetes

#### 7.6.1.2 Heart Disease

#### 7.6.1.3 Seizures

## **8.0 Client Consultation – Discuss and review the client’s anatomy, health and lifestyle to ensure suitability of the piercing and provide client with information needed to make an informed decision to proceed with the piercing procedure.**

## **8.1 Pre-Service Counseling**

### 8.1.1 Anatomy Assessment

#### 8.1.1.1 Support

#### 8.1.1.2 Suitability

### 8.1.2 Lifestyle Issues

### 8.1.3 Immediate Disqualifiers

### 8.1.4 Jewelry Consultation

#### 8.1.4.1 Placement

### 8.1.5 Discussion with the Client; Questions and Concerns

## **8.2 Forms**

### 8.2.1 Client Records

#### 8.2.1.1 Client information

#### 8.2.1.2 Piercing

#### 8.2.1.3 Jewelry

#### 8.2.1.4 Special Instructions

#### 8.2.1.5 History

#### 8.2.1.6 Complications

#### 8.2.1.7 Signatures

#### 8.2.1.8 Age Requirements

#### 8.2.1.9 Identification

### 8.2.2 After Care – Written

#### 8.2.2.1 Care following service

#### 8.2.2.2 Possible side effects

#### 8.2.2.2 Restrictions

## **8.3 Proper Identification**

### 8.3.1 Age

### 8.3.2 Documentation

## **8.4 Pre-Service Prior To Piercing**

### 8.4.1 Safety, sanitation and infection control

### 8.4.2 Equipment and supplies

## **8.5 Piercing Procedures**

### 8.5.1 Safety, sanitation and infection control

### 8.5.2 Skin Cleansing and marking

### 8.5.3 Jewelry Insertion

## **8.6 Post Procedures**

8.6.1 Safety, sanitation and infection control

8.6.2 After Care: Verbal

## **9.0 Oregon Health Licensing Agency and Board of Body Art Practitioners; Oregon Revised Statutes (Laws), Chapter 676 and 690 and Oregon Administrative Rules (Rules), Chapter 331 - Understanding Laws and Rules governing body piercing.**

### **9.1 Definitions**

### **9.2 Fees**

### **9.3 Education and Training**

### **9.4 Application for Licensure and Registration**

### **9.5 Examinations**

### **9.6 Licensure and Registration Issuance; Renewal**

### **9.7 Safety and Sterilization Standards**

### **9.8 Investigative Authority**

**10.0 Discretionary** - This section allows for additional training in areas which may not be covered specifically within the previous sections or for any additional study material that may enhance the training program.

# **PRACTICAL**

## **1.1 Pre-Service Counseling**

- 1.1.1 Anatomy Assessment
- 1.1.2 Life Style Issues
- 1.1.3 Jewelry Consultation
- 1.1.4 Discussion with the Client; Questions and Concerns
- 1.1.5 Forms
  - 1.1.5.1 Client Record
  - 1.1.5.2 Aftercare - Written
- 1.1.6 Proper Identification

## **1.2 Pre-Service Prior to Piercing**

- 1.2.1 Hand Washing
- 1.2.2 Proper Gloving
- 1.2.3 Tray Set-Up
- 1.2.4 Tray Barrier
- 1.2.5 Sterile Packs: Needles / Tools / Implements
- 1.2.6 Marking Instrument
- 1.2.7 Antiseptic Solution

## **1.3 Piercing Procedure**

- 1.3.1 Proper Gloving
- 1.3.2 Skin Cleansing
- 1.3.3 Skin Marking and Placement
- 1.3.4 Jewelry Selection: Size and Style
- 1.3.5 Piercing Accuracy
- 1.3.6 Jewelry Insertion

## **1.4 Post Procedure**

- 1.4.1 Sharps Disposal
- 1.4.2 Aftercare; Verbal
- 1.4.3 Disposal of Contaminated Waste
- 1.4.4 Proper Tool Isolation
- 1.4.5 Proper Gloving
- 1.4.6 Surface Disinfection
- 1.4.7 Hand Washing

## **2.0 CLEANING, DISINFECTION AND STERILIZATION**

### **2.1 Cleaning Instruments**

- 2.1.1 Pre Ultrasonic Soak
- 2.1.2 Isolated Tool transfer
- 2.1.3 Submerge and Soak Tools
- 2.1.4 Run Ultrasonic Cycle
- 2.1.5 Tool Rinse
- 2.1.6 Dry Tools
- 2.1.7 Visual Tool Inspection
- 2.1.8 Bag Tools Autoclave Pouches
- 2.1.9 Run Autoclave cycle
- 2.1.10 Autoclave Documentation
- 2.1.11 Proper Handling and Storage of Sterile Tools

### **2.2 Maintenance Requirements**

- 2.2.1 Ultrasonic Cleaning
- 2.2.2 Autoclave Cleaning and Spore Tests

# **PROCEDURES**

## **1.0 REQUIRED PIERCINGS**

The 400 practical procedures required must include:

- 100 practical procedures in which the trainee observes the supervisor;
- 100 practical procedures in which the trainee assists the supervisor; and
- 200 practical procedures performed by the trainee under direct supervision, but without assistance

### **Categories Included Consist of:**

- 1.1 Earlobe
- 1.2 Helix
- 1.3 Conch
- 1.4 Industrial
- 1.5 Rook
- 1.6 Tragus
- 1.7 Tongue
- 1.8 Navel
- 1.9 Nipple – Male
- 1.10 Nipple – Female
- 1.11 Eyebrow
- 1.12 Upper Lip
- 1.13 Lower Lip
- 1.14 Septum
- 1.15 Nostril
- 1.16 Single Point
- 1.17 Cheek

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
|---|--|-------|-------|-------|-------|-------|-------|-------|-------|---|-------------|--|--|--|--|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |  |       |       |       |       |       |       |       |       | TEMPORARY LICENSE # _____                   |             |  |  |  |  |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |  |       |       |       |       |       |       |       |       | SUPERVISOR LICENSE # _____                  |             |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       | Start Date _____ End Date _____             |             |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
| 1.0   | Anatomy, Physiology & Histology - 70 Hours | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |   |             |  |  |  |  |  |  |  |  |
| 1.1   | Cells                                      |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
| 1.2   | Tissues                                    | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                                       | TOTAL HOURS |  |  |  |  |  |  |  |  |
| 1.3   | Muscular System                            |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
| 1.4   | Nervous System                             | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |   |             |  |  |  |  |  |  |  |  |
| 1.5   | Circulatory System                         |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
| 1.6   | Lymphatic / Immune System                  | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                                       | TOTAL HOURS |  |  |  |  |  |  |  |  |
| 1.7   | Integumentary System                       |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
| NOTES:  |  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |   |             |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
|   |  | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                                       | TOTAL HOURS |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
|   |  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |   |             |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
|   |  | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS |   | TOTAL HOURS |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       |   |             |  |  |  |  |  |  |  |  |
|   |  |       |       |       |       |       |       |       |       | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |             |  |  |  |  |  |  |  |  |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------------|--------------|--------------|--------------|--------------------|--|--|--|--|--|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |   |              |              |              |              |              |              |              |              | TEMPORARY LICENSE # _____       |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |   |              |              |              |              |              |              |              |              | SUPERVISOR LICENSE # _____      |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | Start Date _____ End Date _____ |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| <b>2.0</b>                                      | <b>Infection Control - 50 Hours</b>           | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| 2.1   | Federal and State Regulation                  |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| 2.2   | Occupational Safety and Health Administration | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| 2.3   | Centers for Disease Control and Prevention    |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| 2.4   | Association of Professional Piercers          | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| NOTES:  |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>       | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>        | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>       | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>        | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>       | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |
|   |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>     |   |              |              |              |              |              |              |              |              |                                 |              |              |              |              |              |                    |              |              |              |                    |  |  |  |  |  |  |  |  |  |



# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------------------|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |                                       |   |              |              |              |              |              |              |              | TEMPORARY LICENSE # _____       |                    |  |  |  |  |  |  |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                                       |   |              |              |              |              |              |              |              | SUPERVISOR LICENSE # _____      |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              | Start Date _____ End Date _____ |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| <b>3.0</b>                                      | <b>Jewelry - 15 Hours</b>             | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| 3.1   | Standards and Certification           |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| 3.2   | Certified Materials for New Piercings | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b>              |                    |  |  |  |  |  |  |  |  |  |  |
| 3.3   | Other Appropriate Materials           |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| <b>3.4</b>                                      | <b>Jewelry Avoidance</b>              | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| 3.5   | Determining Quality Jewelry           |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
| <b>NOTES:</b>                                   |                                       | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b>              |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |  |
|   |                                       |   |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |
|   |                                       | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |              |              |              |              |              |              |              |                                 |                    |  |  |  |  |  |  |  |  |  |  |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|---|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------------|-------------|--|--|--|--|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |                      |       |       |       |       |       |       |       |       | TEMPORARY LICENSE # _____       |             |  |  |  |  |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                      |       |       |       |       |       |       |       |       | SUPERVISOR LICENSE # _____      |             |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       | Start Date _____ End Date _____ |             |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
| 4.0   | Equipment - 20 Hours | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |                                 |             |  |  |  |  |  |  |  |  |
| 4.1   | Disposable Supplies  |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
| 4.2   | Piercing Needles     | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS                     |             |  |  |  |  |  |  |  |  |
| 4.3   | Reusable Equipment   |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
| 4.4   | Tools                | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |                                 |             |  |  |  |  |  |  |  |  |
| NOTES:  |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS                     |             |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE                            |             |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                           | TOTAL HOURS |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
|   |                      | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS |       |                                 | TOTAL HOURS |  |  |  |  |  |  |  |  |
|   |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>     |                      |       |       |       |       |       |       |       |       |                                 |             |  |  |  |  |  |  |  |  |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
|---|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|---|
| TRAINEE NAME (Print - Last, First, MI) _____    |                                     |              |              |              |              |              |              |              |              | TEMPORARY LICENSE # _____       |   |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                                     |              |              |              |              |              |              |              |              | SUPERVISOR LICENSE # _____      |   |
|   |                                     |              |              |              |              |              |              |              |              | Start Date _____ End Date _____ |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
| <b>5.0</b>                                      | <b>Environment- 15 Hours</b>        | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |   |
| 5.1   | Reception and Sales Room            |              |              |              |              |              |              |              |              |                                 |   |
| 5.2   | Piercing Room                       | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b>              |   |
| 5.3   | Biohazard and Sterilization Room(s) |              |              |              |              |              |              |              |              |                                 |   |
| 5.4   | Restroom                            | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |   |
| NOTES:  |                                     |              |              |              |              |              |              |              |              |                                 |   |
|   |                                     | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b>              |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
|   |                                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                                 |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
|   |                                     | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b>              |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
|   |                                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |              |                                 |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 |   |
|   |                                     | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> |              | <b>TOTAL HOURS</b>              |   |
|   |                                     |              |              |              |              |              |              |              |              |                                 | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|---|---|-------|-------|-------|-------|-------|-------|-------|-------------|---------------------------------|--|--|--|--|--|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |   |       |       |       |       |       |       |       |             | TEMPORARY LICENSE # _____       |  |  |  |  |  |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |   |       |       |       |       |       |       |       |             | SUPERVISOR LICENSE # _____      |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             | Start Date _____ End Date _____ |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
| <b>6.0</b>                                      | <b>Ethics and Legalities - 15 Hours</b> | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE        |                                 |  |  |  |  |  |  |  |  |  |
| 6.1   | Personal Boundaries                     |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
| 6.2   | Minors                                  | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS       | TOTAL HOURS                     |  |  |  |  |  |  |  |  |  |
| 6.3   | Drugs and Alcohol                       |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
| NOTES:  |   | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE        |                                 |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS       | TOTAL HOURS                     |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE        |                                 |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS       | TOTAL HOURS                     |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
|   |   | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS |                                 |  |  |  |  |  |  |  |  |  |
|   |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>     |   |       |       |       |       |       |       |       |             |                                 |  |  |  |  |  |  |  |  |  |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|---|------------------------------|---|--------------|--------------|--------------|---------------------------------|--------------|--------------|--------------|--------------------|--|--|--|--|
| TRAINEE NAME (Print - Last, First, MI) _____    |                              |   |              |              |              | TEMPORARY LICENSE # _____       |              |              |              |                    |  |  |  |  |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                              |   |              |              |              | SUPERVISOR LICENSE # _____      |              |              |              |                    |  |  |  |  |
|   |                              |   |              |              |              | Start Date _____ End Date _____ |              |              |              |                    |  |  |  |  |
|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
| <b>7.0</b>                                      | <b>Emergencies- 5 Hours</b>  | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |  |  |  |  |
| 7.1   | Being Prepared in the Studio |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
| 7.2   | First Aid                    | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |
| 7.3   | Needle Stick Accidents       |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
| 7.4   | Bleeding                     | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |  |  |  |  |
| 7.5   | Fainting                     |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
| 7.6   | Loss of Consciousness        | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |
| NOTES:  |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|   |                              | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |  |  |  |  |
|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|   |                              | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |  |  |  |  |
|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|   |                              | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     | <b>DATE</b>  | <b>DATE</b>  |              |                    |  |  |  |  |
|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|   |                              | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>HOURS</b> | <b>HOURS</b> |              | <b>TOTAL HOURS</b> |  |  |  |  |
|   |                              |   |              |              |              |                                 |              |              |              |                    |  |  |  |  |
|   |                              | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |              |              |              |                                 |              |              |              |                    |  |  |  |  |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|  |                                      |                 |              |              |   |              |              |              |              |                    |
|--|--------------------------------------|-----------------|--------------|--------------|---|--------------|--------------|--------------|--------------|--------------------|
| <b>TRAINEE NAME (Print - Last, First, MI)</b> _____ <b>TEMPORARY LICENSE #</b> _____     |                                      |                 |              |              |   |              |              |              |              |                    |
| <b>SUPERVISOR NAME (Print - Last, First, MI)</b> _____ <b>SUPERVISOR LICENSE #</b> _____ |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      |                 |              |              | <b>Start Date</b> _____ <b>End Date</b> _____ |              |              |              |              |                    |
| <b>8.0</b>   | <b>Client Consultation- 30 Hours</b> | <b>DATE</b>     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
| 8.1  | Pre-Service Counseling               |                 |              |              |   |              |              |              |              |                    |
| 8.2  | Forms                                | <b>HOURS</b>    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
|  | 8.2.1 Client Record                  |                 |              |              |   |              |              |              |              |                    |
|  | 8.2.2 Aftercare                      |                 |              |              |   |              |              |              |              |                    |
| 8.3  | Proper Identification                | <b>DATE</b>     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
| 8.4  | Pre-Service Prior to Piercing        |                 |              |              |   |              |              |              |              |                    |
| 8.5  | Piercing Procedure                   | <b>HOURS</b>    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
| 8.6  | Post Procedure                       |                 |              |              |   |              |              |              |              |                    |
| <b>NOTES:</b>  |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      | <b>DATE</b>     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
|  |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      | <b>HOURS</b>    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
|  |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      | <b>DATE</b>     | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
|  |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      | <b>HOURS</b>    | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
|  |                                      |                 |              |              |   |              |              |              |              |                    |
|  |                                      | <b>SECTION:</b> |              |              |   |              |              |              |              |                    |
|  |                                      |                 |              |              |   |              |              |              |              |                    |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|  |   |   |              |              |              |   |              |              |              |                    |
|--|---|---|--------------|--------------|--------------|---|--------------|--------------|--------------|--------------------|
| <b>TRAINEE NAME (Print - Last, First, MI)</b> _____    |   |   |              |              |              | <b>TEMPORARY LICENSE #</b> _____              |              |              |              |                    |
| <b>SUPERVISOR NAME (Print - Last, First, MI)</b> _____ |   |   |              |              |              | <b>SUPERVISOR LICENSE #</b> _____             |              |              |              |                    |
|  |   |   |              |              |              | <b>Start Date</b> _____ <b>End Date</b> _____ |              |              |              |                    |
|  |   |   |              |              |              |   |              |              |              |                    |
| <b>9.0</b>   | <b>Oregon Laws and Rules - 20 Hours</b> | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
| 9.1  | Definitions                             |   |              |              |              |   |              |              |              |                    |
| 9.2  | Fees                                    | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
| 9.3  | Education and Training                  |   |              |              |              |   |              |              |              |                    |
| 9.4  | Application for Licensure               | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
| 9.5  | Examinations                            |   |              |              |              |   |              |              |              |                    |
| 9.6  | Licensure & Renewal Criteria            | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
| 9.7  | Safety and Sterilization Standards      |   |              |              |              |   |              |              |              |                    |
| 9.8  | Investigative Authority                 | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  |                    |
| <b>NOTES:</b>  |   |   |              |              |              |   |              |              |              |                    |
|  |   | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>TOTAL HOURS</b> |
|  |   |   |              |              |              |   |              |              |              |                    |
|  |   | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                                   | <b>DATE</b>  | <b>DATE</b>  |              |                    |
|  |   | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                                  | <b>HOURS</b> | <b>HOURS</b> |              | <b>TOTAL HOURS</b> |
|  |   | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |              |              |              |   |              |              |              |                    |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Theory Training - Tracking Forms

|   |                                       |       |       |       |       |                                 |       |       |             |             |
|---|---------------------------------------|-------|-------|-------|-------|---------------------------------|-------|-------|-------------|-------------|
| TRAINEE NAME (Print - Last, First, MI) _____    |                                       |       |       |       |       | TEMPORARY LICENSE # _____       |       |       |             |             |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                                       |       |       |       |       | SUPERVISOR LICENSE # _____      |       |       |             |             |
|   |                                       |       |       |       |       | Start Date _____ End Date _____ |       |       |             |             |
| <b>10.0</b>                                     | <b>Discretionary Hours - 10 Hours</b> | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | TOTAL HOURS |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | TOTAL HOURS |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
| NOTES:  |                                       | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | TOTAL HOURS |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | TOTAL HOURS |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
|   |                                       | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | TOTAL HOURS |             |
|   |                                       |       |       |       |       |                                 |       |       |             |             |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>     |                                       |       |       |       |       |                                 |       |       |             |             |



**BOARD OF BODY ART PRACTITIONERS  
Standard Body Piercing Training  
Theory Training - Tracking Forms**

|  |                  |                            |
|--|------------------|----------------------------|
| TRAINEE NAME (Print - Last, First, MI) _____               |                  | TEMPORARY LICENSE # _____  |
| SUPERVISOR NAME (Print - Last, First, MI) _____            |                  | SUPERVISOR LICENSE # _____ |
|  | Start Date _____ | End Date _____             |
| <b>TOTAL THEORY TRAINING HOURS REQUIRED - 250</b>          |                  |                            |
| Prior Training Tracking Form Total Theory Hours Completed: |                  |                            |
| This Training Tracking Form Total Theory Hours Completed:  |                  |                            |
| Total Overall Theory Training Hours Completed:             |                  |                            |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Practical Training - Tracking Forms

|   |  |              |              |              |              |              |              |              |              |                                 |                    |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|--------------------|
| TRAINEE NAME (Print - Last, First, MI) _____    |  |              |              |              |              |              |              |              |              | TEMPORARY LICENSE # _____       |                    |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |  |              |              |              |              |              |              |              |              | SUPERVISOR LICENSE # _____      |                    |
|   |  |              |              |              |              |              |              |              |              | Start Date _____ End Date _____ |                    |
|   |  |              |              |              |              |              |              |              |              |                                 |                    |
| <b>1.0 CLIENT CONSULTATION</b>                  |  |              |              |              |              |              |              |              |              |                                 |                    |
| <b>1.1</b>                                      | <b>Pre-Service Counseling</b>                      | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| 1.1.1   | Anatomy Assessment                                 |              |              |              |              |              |              |              |              |                                 |                    |
| 1.1.2   | Life Style Issues                                  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
| 1.1.3   | Jewelry Consultation                               |              |              |              |              |              |              |              |              |                                 |                    |
| 1.1.4   | Discussion with the Client; Questions and Concerns | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| 1.1.5   | Forms  |              |              |              |              |              |              |              |              |                                 |                    |
|   | 1.1.5.1 Client Record                              | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
|   | 1.1.5.2 Aftercare; Written                         |              |              |              |              |              |              |              |              |                                 |                    |
| 1.1.6   | Proper Identification                              | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| NOTES:  |  |              |              |              |              |              |              |              |              |                                 |                    |
|   |  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
|   |  |              |              |              |              |              |              |              |              |                                 |                    |
|   |  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
|   |  |              |              |              |              |              |              |              |              |                                 |                    |
|   |  | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
|   |  |              |              |              |              |              |              |              |              |                                 |                    |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>     |  |              |              |              |              |              |              |              |              |                                 |                    |



# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Practical Training - Tracking Forms

|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|---|-----------------------------------|---|-------|-------|-------|-------|-------|-------|-------|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
| TRAINEE NAME (Print - Last, First, MI) _____    |                                   |   |       |       |       |       |       |       |       | TEMPORARY LICENSE # _____       |       |       |       |       |       |       |       |       |       |       |             |
| SUPERVISOR NAME (Print - Last, First, MI) _____ |                                   |   |       |       |       |       |       |       |       | SUPERVISOR LICENSE # _____      |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   |   |       |       |       |       |       |       |       | Start Date _____ End Date _____ |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
| <b>1.3</b>                                      | <b>Piercing Procedure</b>         | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |                                 |       |       |       |       |       |       |       |       |       |       |             |
| 1.3.1   | Proper Gloving                    |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
| 1.3.2   | Skin Cleansing                    | HOURS                                       | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS |
| 1.3.3   | Skin Marking and Placement        |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
| 1.3.4   | Jewelry Selection: Size and Style | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |             |
| 1.3.5   | Piercing Accuracy                 |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
| 1.3.6   | Jewelry Insertion                 | HOURS                                       | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS |
| NOTES:  |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |             |
|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   | HOURS                                       | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS |
|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |             |
|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   | HOURS                                       | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | TOTAL HOURS |
|   |                                   |   |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |
|   |                                   | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |       |       |       |       |       |       |       |                                 |       |       |       |       |       |       |       |       |       |       |             |



# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Practical Training - Tracking Forms

|   |  |   |              |              |              |              |              |              |              |                                 |                    |
|---|--|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|--------------------|
| TRAINEE NAME (Print - Last, First, MI) _____        |  |   |              |              |              |              |              |              |              | TEMPORARY LICENSE # _____       |                    |
| SUPERVISOR NAME (Print - Last, First, MI) _____     |  |   |              |              |              |              |              |              |              | SUPERVISOR LICENSE # _____      |                    |
|   |  |   |              |              |              |              |              |              |              | Start Date _____ End Date _____ |                    |
|   |  |   |              |              |              |              |              |              |              |                                 |                    |
| <b>2.0 CLEANING, DISINFECTION AND STERILIZATION</b> |  |   |              |              |              |              |              |              |              |                                 |                    |
| <b>2.1</b>  | <b>Cleaning Instruments</b>                  | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| 2.1.1   | Pre Ultrasonic Soak                          |   |              |              |              |              |              |              |              |                                 |                    |
| 2.1.2   | Isolated Tool Transfer                       | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
| 2.1.3   | Submerge and Soak Tools                      |   |              |              |              |              |              |              |              |                                 |                    |
| 2.1.4   | Run Ultrasonic Cycle                         | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| 2.1.5   | Tool Rinse                                   |   |              |              |              |              |              |              |              |                                 |                    |
| 2.1.6   | Dry Tools                                    | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
| 2.1.7   | Visual Tool Inspection                       |   |              |              |              |              |              |              |              |                                 |                    |
| 2.1.8   | Bag Tools Autoclave Pouches                  | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
| 2.1.9   | Run Autoclave Cycle                          |   |              |              |              |              |              |              |              |                                 |                    |
| 2.1.10  | Autoclave Documentation                      | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
| 2.1.11  | Proper Handling and Storage of Sterile Tools |   |              |              |              |              |              |              |              |                                 |                    |
| <b>NOTES:</b>                                       |  | <b>DATE</b>                                 | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>  | <b>DATE</b>                     |                    |
|   |  |   |              |              |              |              |              |              |              |                                 |                    |
|   |  | <b>HOURS</b>                                | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b> | <b>HOURS</b>                    | <b>TOTAL HOURS</b> |
|   |  | <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b> |              |              |              |              |              |              |              |                                 |                    |

# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training

### Practical Training - Tracking Forms

|  |                                    |       |       |       |                                 |       |       |             |       |             |
|--|------------------------------------|-------|-------|-------|---------------------------------|-------|-------|-------------|-------|-------------|
| TRAINEE NAME (Print - Last, First, MI) _____ TEMPORARY LICENSE # _____     |                                    |       |       |       |                                 |       |       |             |       |             |
| SUPERVISOR NAME (Print - Last, First, MI) _____ SUPERVISOR LICENSE # _____ |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    |       |       |       | Start Date _____ End Date _____ |       |       |             |       |             |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
| <b>2.2</b>   | <b>Maintenance Requirements</b>    | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        | DATE  |             |
| 2.2.1  | Ultrasonic Cleaning                |       |       |       |                                 |       |       |             |       |             |
| 2.2.2  | Autoclave Cleaning and Spore Tests | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | HOURS | TOTAL HOURS |
| NOTES:   |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        | DATE  |             |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | HOURS | TOTAL HOURS |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        | DATE  |             |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    | HOURS | HOURS | HOURS | HOURS                           | HOURS | HOURS | HOURS       | HOURS | TOTAL HOURS |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
|  |                                    | DATE  | DATE  | DATE  | DATE                            | DATE  | DATE  | DATE        |       |             |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
| HOURS  | HOURS                              | HOURS | HOURS | HOURS | HOURS                           | HOURS |       | TOTAL HOURS |       |             |
|  |                                    |       |       |       |                                 |       |       |             |       |             |
| <b>TOTAL HOURS FOR THIS ENTIRE SECTION:</b>                                |                                    |       |       |       |                                 |       |       |             |       |             |

**BOARD OF BODY ART PRACTITIONERS**  
**Standard Body Piercing Training**  
**Practical Training - Tracking Forms**

|  |                  |                            |
|--|------------------|----------------------------|
| TRAINEE NAME (Print - Last, First, MI) _____                   |                  | TEMPORARY LICENSE # _____  |
| SUPERVISOR NAME (Print - Last, First, MI) _____                |                  | SUPERVISOR LICENSE # _____ |
|  | Start Date _____ | End Date _____             |
| <b>TOTAL PRACTICAL TRAINING HOURS REQUIRED - 900</b>           |                  |                            |
| Prior Training Tracking Forms Total Practical Hours Completed: |                  |                            |
| This Training Tracking Form Total Practical Hours Completed:   |                  |                            |
| Total Overall Practical Training Hours Completed:              |                  |                            |



# BOARD OF BODY ART PRACTITIONERS

## Standard Body Piercing Training Procedures Training - Tracking Form

Trainee Name (Print - Last, First, MI) \_\_\_\_\_ Temporary License # \_\_\_\_\_

Supervisor Name (Print - Last, First, MI) \_\_\_\_\_ Supervisor License # \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

|  |   |
|--|---|
| <b>400 Required Procedures :</b><br>~ 10 Procedures Required From Each Category; 15 from Single Point and 2 Cheek<br>~ 33 Piercings of Choice - Piercings of Choice Exclude: (Piercings not defined as Standard Body Piercing in OAR 331-900-0000(12)) | <b>Category Codes:</b> Observed = O Assisted = A Performed = P<br><br>The 400 practical procedures required must include:<br>100 practical procedures in which the trainee observes (O) the supervisor;<br>100 practical procedures in which the trainee assists (A) the supervisor; and<br>~200 practical procedures performed (P) by the trainee<br>under direct supervision, but without assistance. |
|--|---|

|                    |         |       |       |            |      |        |        |       |               |                 |         |           |           |        |         |              |       |
|--------------------|---------|-------|-------|------------|------|--------|--------|-------|---------------|-----------------|---------|-----------|-----------|--------|---------|--------------|-------|
| <b>Categories:</b> | Earlobe | Helix | Conch | Industrial | Rook | Tragus | Tongue | Navel | Nipple - Male | Nipple - Female | Eyebrow | Upper Lip | Lower Lip | Septum | Nostril | Single Point | Cheek |
|--------------------|---------|-------|-------|------------|------|--------|--------|-------|---------------|-----------------|---------|-----------|-----------|--------|---------|--------------|-------|

|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Total Observed "O" Piercings   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Assisted "A" Piercings:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Performed "P" Piercings: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| 400 Procedures; 100 observed "O", 100 assisted "A" and ~200 performed under direct Supervision "P"<br>~200 "P" to include: 10 from each category, 15 single point, 2 cheek and 33 of choice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | "O" | "A" | "P" |
| Prior Training Tracking Forms Total <u>Required</u> Procedures Completed:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |
| This Training Tracking Form Total <u>Required</u> Procedures Completed:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |
| Prior Training Tracking Forms Total <u>Piercings of Choice</u> Procedures Completed:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |
| This Training Tracking Form Total <u>Piercings of Choice</u> Procedures Completed:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |
| Total Overall Procedures Completed:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |

# Oregon Health Licensing Agency



700 Summer St. NE, Suite 320  
 Salem, OR 97301-1287  
 Phone: (503) 378-8667  
 Fax: (503) 370-9004  
 Website: <http://www.oregon.gov/ohla/bap>  
 E-mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

Board of Body Art Practitioners



## STANDARD BODY PIERCING CERTIFICATE OF TRAINING

*To be completed by an agency approved Standard Body Piercing supervisor*

|                     |                            |
|---------------------|----------------------------|
| Name of Trainee:    | Trainee License Number:    |
| Name of Supervisor: | Supervisor License Number: |

Training Facility Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This certification covers the training dates from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Category of Training: <u>Theory Instruction</u>   | Hours Required | Hours Completed |
|---|----------------|-----------------|
| Anatomy, Physiology & Histology:  | 70             |                 |
| Infection control   | 50             |                 |
| Jewelry   | 15             |                 |
| Equipment   | 20             |                 |
| Environment   | 15             |                 |
| Ethics and legalities   | 15             |                 |
| Emergencies   | 5              |                 |
| Client consultation   | 30             |                 |
| Oregon laws and rules   | 20             |                 |
| Discretionary related to body piercing  | 10             |                 |
| <b>TOTAL HOURS OF THEORY INSTRUCTION:</b>   | <b>250</b>     |                 |
| <b>Category of Training: <u>Practical Experience Hours:</u></b> Must include Client Consultation, Cleaning, Disinfection and Sterilization. | <b>900</b>     |                 |
| <b>TOTAL HOURS OF TRAINING:</b>   | <b>1150</b>    |                 |

**Category of Training: 400 Practical Procedures:** Pursuant to OAR 331-900-0005(10), the 400 practical procedures must include a minimum of 100 **observed**, 100 **assisted**, and 200 **performed** under direct supervision which include a minimum of 10 from each category listed in 331-900-0005(13)(a) through (o), 15 single point, 2 cheek, and 33 additional standard body piercings of choice.

| Practical Procedure Totals: "From Procedures Training Tracking Form(s)"         | Required   | Completed |
|---|------------|-----------|
| <b>Observed the supervisor performing the procedure</b>                         | <b>100</b> |           |
| <b>Assisted the supervisor in performing the procedure</b>                      | <b>100</b> |           |
| <b>Performed the procedure under direct supervision, but without assistance</b> | <b>200</b> |           |

By signing below, I certify that the required training indicated above has been received by the above named Standard Body Piercing trainee in accordance with all supervised training provisions contained within Oregon Administrative Rule 331 division 900, and the information listed on this training certificate is true and accurate.

\_\_\_\_\_  
 Signature of Approved Supervisor Date

\_\_\_\_\_  
 Trainee's Signature Date



# Oregon

## **Health Licensing Agency**

700 Summer St. NE, Suite 320

Salem, Oregon 97301-1287

Telephone (503) 378-8667

FAX (503) 585-9114

E-mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

Website:

[www.Oregon.gov/OHLA](http://www.Oregon.gov/OHLA)

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## **BOARD OF BODY ART PRACTITIONERS STANDARD BODY PIERCING - EXAMINATION INFORMATION**

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The Oregon Health Licensing Agency (agency) in consultation with the Board of Body Art Practitioners (BAP) approved the following examinations required to obtain a Standard Body Piercing license in the State of Oregon:

- State Prepared Written
- State Prepared Practical

### **State Prepared Written Examination:**

The written examination consists of 50 multiple-choice questions; the time limit for the examination is 1 hour and requires a minimum passing score of 75%.

The written examination is given on a walk in basis at the agency, Monday through Friday from 9 am until 2:30 pm.

The written examination covers male and female genital anatomy and physiology, jewelry and equipment, ethics and legalities, client consultation, and regulations for Specialty Level 1 Genital Body Piercing listed in the Oregon Administrative Rules, Chapter 331.

Attached is the written examination blueprint which provides detailed information about the number of questions asked within each domain and the sources used to reference the examination.

### **State Prepared Practical Examination:**

The practical examination is used to determine the qualification, fitness and ability of an applicant to practice as a Standard Body Piercer.

The practical examination consists of the following:

- **Pre-Service Counseling**
- **Forms**
- **Proper Identification**
- **Proper Gloving Procedures**
- **Pre-Service Prior to Piercing**
- **Piercing Procedure**
- **Post-Procedure**
- 

Examination candidates are required to perform two piercings and are responsible for providing their own supplies and model(s); two models to perform two piercing or one model to perform two piercings.

Passing the examination requires a minimum passing score of at least 75%. Proctors identify and score the examination using specified criteria while evaluating each candidate's procedures.