

John H. Armstrong, MD, FACS State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

BODY PIERCING CD REFRESHER REGISTRATION FORM

Name (Print):

Address:

Phone Number:

Email Address:

Please submit the following documents:

- 1. Completed registration form
- 2. Proof of initial / formal Body Piercing course
- 3. Copy of state issued photo ID (Driver's License, Military ID, etc.)

Mail or FAX (727) 538-7293 all items to:

Pinellas County Health Department Environmental Health and Preparedness Division Attn: Body Piercing Coordinator 8751 Ulmerton Rd, Ste 2000 Largo, FL 33771

Upon receipt and approval of these documents, you will be notified by phone or email that you may submit payment by credit card, money order, or certified bank check. A CD and test will then be mailed to you to the address provided. **No money will be accepted until all these items are received.**

Separate registration forms are required for each individual taking the refresher course.

Please call (727) 538-7277 extension 7957 if you have any questions. The above and attached information that I am submitting to the Health Department is indeed truthful and is in no way falsified. If any of the attached information is found to be falsified, I forfeit my privilege to take the course.

Signature (required)