



**LIST OF PRACTITIONERS**

**Facility Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

List all practitioners and the service they provide. Include any owner or operator if they provide direct services to clients in addition to operating the facility.

FULL LEGAL NAME	DISCIPLINE	EMPLOYMENT STATUS
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE