

## BEAUTY/SPA PROGRAM MICROBLADING/PERMANENT MAKEUP SUPPLEMENT

| Names of People Providing Permanent makeup/microblading services | Years of Education | Total Hours of<br>Practical Experience | Any prior claims against<br>individual, details |
|--|--------------------|--|---|
|  |                    |  |   |
|  |                    |  |   |
|  |                    |  |   |
|  |                    |  |   |

## **ADDITIONAL INFORMATION:**

## \*\* Please note that the minimum age for Permanent Makeup/Microblading services services is 18 years old

| Gross Receipts from Microblading/Permanent Make-up services?              |                                      |  |
|---|--------------------------------------|--|
| Hand devices used:  |                                      |  |
| Are services performed with sterilized single-use, disposable needles:    |                                      |  |
| Are all inks/pigments from Canadian or US manufacturers? Yes              | No If no, where?                     |  |
| Do you wear surgical gloves?  |                                      |  |
| Do you keep copies of clients service records? Yes No                     | If yes for how many years?           |  |
| Confirm that a waiver is signed for these services:                       | How many years are the waivers kept? |  |
| Advise what pre-care & post-care information is provided to clients? Plea | se attach copy for our file.         |  |
| Do you provide any off site microblading treatments? Yes No               |                                      |  |
| If yes, please describe locations, methods, frequency, etc.               |                                      |  |

Confirm you are fully certified to provide these services (advise what certification you hold):