



APPLICATION FOR MEMBERSHIP

ASSOCIATE MEMBER

Has less than one year of professional experience, or is a non-piercer working in a piercing establishment. If working as a piercer, personal and environmental criteria must be met. If working as a non-piercer, environmental criteria must be met. Associate membership will be valid only in a studio currently employing at least one professional business member.

MEMBERSHIP DUES:

Associate Member \$100.00 (\$50.00 annual renewal)

Dues are billed upon acceptance.

DO NOT SEND them with your application;

DO SEND a non-refundable \$25.00 processing fee per video.

One video is required per studio.

If you have questions: members@safepiercing.org, or call 1 -888-888-1APP

Mail your completed application and materials to:

APP

P.O. Box 1287

Lawrence, KS 66044

(PLEASE ALLOW 6 - 8 WEEKS FOR PROCESSING)

APP Associate Membership

Name of Applicant _____
Studio Name _____
Studio Address _____
City _____ State _____ Postal Code _____ Country _____
Studio Phone (____) _____ Fax (____) _____ Home Phone or Cell (____) _____
Home Address _____
City _____ State _____ Postal Code _____ Country _____
Website _____ Email Address _____
Would you like your email address to appear on our website? Yes / No

THE FOLLOWING **PERSONAL CRITERIA** MUST BE INCLUDED FOR **EACH PIERCER** APPLYING:

- A completed copy of this application form.
- A completed questionnaire, preferably typewritten.
- A copy of current CPR certification or equivalent training.
- A copy of current First Aid certification or equivalent training.
- A copy of current Blood borne Pathogen Training Certificate or equivalent training (to be renewed annually regardless of expiration date).
- Signed Health and Safety Agreement.
- Signed Logo Usage Agreement
- Most recent jewelry order invoice (from within the last 90 days)
- Copy of Mill Certificate from the jewelry company or companies your studio primarily orders from
- Proof of how long piercer has been piercing professionally. A notarized statement*, dated business document, or newspaper article are examples of appropriate proof.

**If a notarized statement is submitted as proof, it must come from a party other than the applicant.*

THE FOLLOWING **ENVIRONMENTAL CRITERIA** MUST BE INCLUDED **UNLESS ENVIRONMENTAL CRITERIA HAS BEEN SUBMITTED WITHIN THE LAST YEAR****

- A walk through 360° degree video of applicant's entire studio see criteria below.
- A \$25 processing fee per video. One video is required per studio and needs to be resubmitted yearly if new members are added or if changes are made in the studio.
 - A disk that can be played on a computer or DVD player is the preferred video format.
- Photograph of all applicants' autoclaves with make, model, and serial number printed on back
 - Autoclaves should be medical grade with a dry cycle.
- Copy of two most recent spore test results from all autoclaves in use.
- Copies of all release forms in use at applicant's studio.
- Copies of all aftercare information distributed at applicant's studio.
- Copy of studio's business license.
- Business card(s)
- One or more samples of applicant's advertising.
- Copy of Certificate of Liability Insurance if available.

*****Materials should be updated voluntarily by the member if significant changes are made in the environment, advertising, equipment, aftercare, etc.***

Updates to the member's file should be done at the time any changes are made.

Please present your application in a professional manner:

- *All personal and environmental criteria should be in a binder separated by tabs.*
- *If you are submitting an application for more than one person, there should be a tab to separate the personal criteria for each applicant and a tab for the environmental criteria.*
- *There should be no loose paper that could be lost and prevent you from getting membership.*
- *The 360° video should have its own sleeve in the binder to prevent damage to the disc.*

As an Applicant to the Association of Professional Piercers (APP), I understand that my video tape (and any other materials) becomes the property of the APP. I hereby release the APP and/or its legal representatives and assigns, the irrevocable and unrestricted right to use these materials for the purpose of education, training, and any other purpose and in any manner and medium. I hereby release the APP and its legal representatives and assigns from all claims and liability relating to said tapes and materials.

By my signature below I certify that I have read and agree to the terms of this application.

Signature of Applicant _____

Date _____

WALK THROUGH 360° VIDEO CRITERIA

Revised August 2010

The purpose of submitting a walk through 360° video with your membership application is to help us determine the level of health and safety awareness in your studio. We look for the criteria on this list, and also note anything that may be a potential hazard to clients or staff. Items that are required for membership have been labeled as such. Other items are strong suggestions that are not required for membership in and of themselves, however a studio that lacks several of these may not be operating at the level that is desired of APP members.

OUTSIDE AREA

Your video should include the outside of your building, front and back, including any signage

FRONT LOBBY/COUNTER/DISPLAY AREA

Stand in the center of your lobby and slowly pan around 360° to thoroughly show the area.

****REQUIRED FOR MEMBERSHIP**

The counter surface should be glass, metal, or other non-porous surface that can be disinfected several times each day.

- Please show the front, top, and back of your counter area
- Gloves and disposable products to prevent cross-contamination should be kept at the front counter area. Please show us where they are kept.

BIOHAZARD/STERILIZATION ROOM(S)

Stand in the center of the Bio Room and pan around 360° thoroughly showing the door, counter tops, floor, sink(s), autoclave(s), HEPA air filter, or other air purification system etc.

****REQUIRED FOR MEMBERSHIP**

A completely separate, enclosed biohazard room with walls and door(s) is a requirement (curtain will not suffice) for processing used implements, jewelry, and supplies. This is crucial to your health and safety and that of your clients. No other services such as tattooing, piercing, or retail sales shall occur within this room.

****REQUIRED FOR MEMBERSHIP**

All flooring in the piercing room/s and biohazard room must be non-porous for easy disinfection.

****REQUIRED FOR MEMBERSHIP:**

There must be a clear delineation between clean and dirty areas. Biohazard areas should be labeled as such. The ultrasonic unit and the sink used for rinsing contaminated tools should be positioned as far away from the sterilizer as possible in order to reduce the risk of contaminating freshly autoclaved items. If space is a problem, one solution would be to install a Plexiglas or stainless steel barrier to divide clean and dirty areas.

- There should be at a minimum one ultrasonic cleaner or automated instrument washer solely for the use of processing body piercing instruments and jewelry (i.e., not a shared ultrasonic with tattooing tools and/or instruments.)
 - Failure to remove debris from instruments or jewelry prior to sterilization can negatively affect the efficacy of the autoclave.
 - The Center for Disease Control considers manual scrubbing of instruments to be an act that will actually increase the likelihood of exposure, due to pathogens on the equipment becoming airborne. Many studios have a second ultrasonic cleaning unit used to process only new jewelry
- A HEPA air filter or other air purification system etc., or separate ventilation for this space is strongly suggested.
- Hand washing should never take place at the contaminated sink.
 - A posted sign should state so.
- A sign on the door that reads “Biohazard Employees Only”

PUBLIC/EMPLOYEE RESTROOM

Stand in the center of the bathroom and pan 360° thoroughly showing the floor, door, sink, etc.

****REQUIRED FOR MEMBERSHIP**

No sterilization or instrument cleaning equipment including but not limited to autoclaves and ultrasonic units may be housed in the public or employees restroom.

- The restroom used by employees should have liquid soap in a pump or wall-mounted dispenser, and a paper towel dispenser with easy, one-handed access or motion activation.
 - Hands-free dispensers are suggested.
- Signage to indicate jewelry removal/changing is not permitted outside of the piercing room

PIERCING ROOM

Stand in your piercing room and pan 360° thoroughly showing the floor, counter tops, inside & outside of cabinets, HEPA air filter or other air purification system etc.

****REQUIRED FOR MEMBERSHIP**

The piercing room must be a completely enclosed, separate room with walls, ceiling and door(s)

No other services such as tattooing, hair styling, or retail sales should take place within this room. A curtain will not work.

****REQUIRED FOR MEMBERSHIP**

All flooring in the piercing room/s must be non-porous and easily disinfected.

****REQUIRED FOR MEMBERSHIP**

All surfaces in the piercing room that could potentially be contaminated during a procedure must be non-porous to allow for proper cleaning. This includes but is not limited to: piercing table, mat and base, shelving, and counters.

****REQUIRED FOR MEMBERSHIP**

Pre-sterilized piercing implements should be kept in enclosed and non-porous containers, drawers, or cabinets.

- It is strongly suggested that there be clearly visible delineation between clean and dirty areas.
 - The Sharps container and contaminated-tools tray should not be close to sterilized piercing implements and supplies.
 - One solution would be to install a labeled biohazard shelf above the trashcan for the contaminated materials, thereby establishing a single contamination area in the room.
- Used piercing implements should be kept in a lidded, non-porous tray or container that is marked “Biohazard.”
- The Sharps container should be secure in order to prevent accidental spillage.
 - In the United States, NIOSH suggests that the Sharps container be mounted with the opening 56” from the floor and OSHA requires that operators have reasonable access to it.
 - Additionally, the Sharps container should be located so that it can be easily utilized by the piercer in all phases of a procedure without putting clients or observers at risk.
- All bio-hazardous waste containers should be marked as Biohazard, be lidded, and be foot operated or motion activated.
 - It is appropriate to label your other lidded trashcans “Do Not Touch.”
 - These should be placed in low or no traffic areas to avoid accidental exposure.
- A HEPA air filter or other air purification system located in the piercing room and positive pressure ventilation is extremely beneficial, especially if other services are offered within the studio.
- As many surfaces as possible in the piercing room should be non-porous.
 - All pictures, posters, and wall hangings should be framed and cleaned frequently.
- As many products as possible should be sterile and single use. This includes marking implements.
- All packaged equipment, sundry jars, or other materials and equipment used during a piercing should be handled only with clean, freshly gloved hands.

EMPLOYEE HAND-WASHING AREA

Stand in the employee hand washing area and pan 360° thoroughly showing the area.

****REQUIRED FOR MEMBERSHIP**

Reasonable access to a sink used for hand-washing is mandatory. In -room prep sinks are preferable.

- Optimally, the sink used for pre and post-piercing hand-washing should be hands free (such as motion activated or foot controlled). Wall-mounted or pump liquid soap dispensers and paper towel dispensers should have easy, one-handed access or be motion activated. The hand washing sink should not be in a bathroom or a dirty tool processing room. Optimally the hand sink would be in your procedure room. This will greatly reduce the likelihood of cross-contamination.

EMPLOYEE LOUNGE AREA

Stand in the center of the area and pan 360° thoroughly showing the floor, counter top(s), etc.

- The employee lounge is where you go to relax and eat. There should not be any biohazard items, nor cleaning equipment intended for jewelry or instruments, nor any sterilization equipment or supplies housed in this area.

QUESTIONNAIRE

The following questions are intended to determine your level of awareness of health and safety requirements for responsible piercing. Please type your responses.

1. List all equipment and surfaces in your studio that are sterile.
2. When do you consider items sterile and under what circumstances are they no longer sterile?
3. Describe the procedures used to process and sterilize piercing needles, contaminated tools and equipment in your studio.
4. Give a brief definition of the term "disinfect."
5. What materials, equipment or surfaces in your studio are disinfected?
6. Describe products and procedures used to disinfect objects or surfaces in your studio and the frequency with which they are used.
7. Give a brief definition of the term "contaminated" and describe the concept of cross-contamination.
8. How and when do you wash your hands? Be specific about timing and products.
9. During a procedure, when and under what conditions is it necessary to change your gloves?
10. List three bloodborne pathogens and explain the practical distinction between them.
11. How is new, unused jewelry cleaned in preparation for insertion in a fresh piercing?
12. How is previously worn jewelry cleaned in preparation for in a fresh piercing?
13. How is previously worn jewelry cleaned in preparation for insertion into a healed piercing?
14. Describe the products and procedures used for tissue preparation before oral and body piercings.
15. How many times are piercing needles used before being disposed of?
16. How are piercing needles disposed of?
17. What is the procedure in your studio for dealing with a needle stick?
18. Do you use a gun for any type of piercing? Yes / No
 - If so, how is it cleaned between uses?
19. Do you use any type of anesthetics? If so, please describe the method, product(s) and types of piercings involved.
20. What other services are offered in the room used to perform piercing?
 - Please describe :
21. What are the specifications for the jewelry that you insert into new piercings?
 - List all acceptable materials , design styles and other applicable criteria :
22. Where did you receive your training/apprenticeship/information?
 - How long did you train?
23. Are you certified, licensed, or otherwise legally qualified or regulated by any source or authority?
 - Please elaborate :
24. List any sources of continuing education directed towards improving your piercing knowledge and skills.
25. What is your policy on piercing persons under eighteen?
26. Under what circumstances related to yourself or the customer would you refuse to perform a piercing?
27. We all make occasional mistakes. If a piercing does not come out as planned, how do you deal with this situation?
28. List the qualities that you feel are important in a piercer's bedside manner :

APP Name and Logo Usage Guidelines

The APP does not certify piercers or piercing studios. Wording such as “APP Certified” should never be used. While the APP does provide education to piercers, we do not train piercers, so “APP Trained” is never acceptable. Having a certificate of attendance to one of our conferences does not constitute certification or membership.

The APP logo in Digital Media:

The Association of Professional Piercers freely licenses the use of its trademarked corporate logo (shown below) in all digital media on the condition that the trademark licensee uses the mark to point to the APP homepage, <http://safepiercing.org>, and only to the APP homepage. The APP retains full, unfettered, and sole discretion to revoke this trademark license for any reason whatsoever or for no specified reason.



Simply stated, the APP gives free use of its logo to anyone, for any digital media, including, but not limited to, web sites, social networking pages (IAM, MySpace, Facebook), blogs, etc., as long as the following two conditions are met:

- 1) The logo must point to the APP homepage (<http://safepiercing.org>).
- 2) The logo must not be used in any way that states or implies membership in the APP for any individual or organization.

This logo may not be used in print media without express permission.

Patron Members:

Patron Members may use this logo in the same fashion as non-members and the general public, but may not use the APP name or logo in reference to piercing services or products of any kind.

Associate Members, Business Members and Business Members-at-Large:

Associate Members, Business Members, and Business Members-at-Large *only* may use the APP Members' Logos. They may be used in digital or print form, including—but not limited to—business cards, website, advertising, etc. When used, *it must be used in a way that is clear the membership belongs to the individual, not the studio.*



PROUD MEMBER
VERIFY AT SAFEPIERCING.ORG

If any APP Associate Member, Business Member, or Business Member-at-Large uses the Members' Logo in any print advertising, the Member is making a commitment to maintain his or her membership through the end of that print run. *Failure for the piercer(s) to renew membership during the duration that the APP name or logo is used in print will result in the studio being listed on the impostors page of the website, even if there were members on staff at the time that the printing was done.* This includes business cards, flyers, print ads, yellow pages ads, and any other print media.

Anyone misusing the APP name or logo to falsely state or imply membership will be listed on the APP website as an imposter and may be subject to legal action.

Please replace all former logos with the current logos.

Corporate Associate Members: See the guidelines for name and logo usage specific to Corporate Associate Members.

Please sign below:

I understand and agree to adhere to the above APP Name and Logo Usage Agreement for the duration of my membership. I agree to discontinue use of the APP Members' Logo if I discontinue my membership in the organization.

I also understand that I need prior written permission from the Board of Directors to use the APP name or logo in any manner that is not listed above. Failure to comply with the APP Name and Logo Usage agreement could result in suspension or revocation of membership and/or listing as an Impostor. I agree that the APP is not responsible for any expenses I may incur from misuse of the APP name or logo.

Print Name _____

Signature _____ Date _____