



APPLICATION FOR MEMBERSHIP

- PROFESSIONAL BUSINESS MEMBER
- PROFESSIONAL BUSINESS MEMBER AT LARGE
- PROFESSIONAL BUSINESS MEMBER/INTERNATIONAL

MEMBERSHIP TYPES AND ELIGIBILITY CRITERIA:

Professional Business Member

Works full time as a piercer and has more than one year of professional experience.
Must meet both personal and environmental membership criteria.

Professional Member at Large

An existing professional business member who is piercing temporarily or periodically at one or more studios that meet environmental criteria, OR a previous professional business member who is still contributing to the piercing industry although they are no longer piercing. Approval for this type of membership and its limitations are at the discretion of the board.

Professional Business Member/ International

A subdivision of memberships for piercers working in the piercing industry outside of the United States of America. International personal criteria differ slightly from the standard to accommodate for available classes and training and other local differences.

MEMBERSHIP DUES:

Professional Business Member, Professional Member At Large, and Professional Business Member/ International
\$150.00 (\$50.00 annual renewal)

Dues are billed upon acceptance.

DO NOT SEND them with your application;

DO SEND a non-refundable \$35.00 processing fee per video.

One video is required per studio.

Mail your completed application and materials to:

APP

P.O. Box 1287

Lawrence, KS 66044

(PLEASE ALLOW 6 - 8 WEEKS MINIMUM FOR PROCESSING)

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



Type of APP Membership desired (please check one):

- Professional Business Member**
- Professional Business Member at Large**
- Professional Business Member / International**

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:

1. A completed copy of this application form.
2. A completed questionnaire typewritten.
(Each applicant **MUST** complete the questionnaire in their own words **NO GROUP QUESTIONNAIRES WILL BE ACCEPTED**).
3. A copy of **CURRENT** CPR certification and First Aid certification.
(Expired certifications will **NOT** be accepted).
4. A copy of **CURRENT** Bloodborne Pathogen Training Certificate or equivalent training
(To be renewed annually regardless of expiration date).
5. Signed Health and Safety Agreement.
6. Signed Logo Usage Agreement.
7. 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**

1. A NARRATED UNEDITED 360° degree walk-through video of applicant's entire studio.
(See specific criteria below.)
2. A \$35 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.
3. A labeled disc with studio name and date of submission that can be played on a computer or DVD player is required (please test disc on multiple computers to ensure the disc plays.)
4. Photograph of all applicants' autoclaves with make, model, and serial number printed on back of photo.
5. Autoclaves MUST be medical grade, preferably with a dry cycle, and meet all FDA standards.
(Top-loading autoclaves and pressure cookers are not acceptable).
6. Copy of two most recent biological spore test results from all autoclaves.
(Biological spore testing must be done by a third party and must be updated at least monthly).
7. Copies of all piercing release forms in use at applicant's studio (piercing, jewelry insertion, etc).
8. Copies of all piercing aftercare information distributed at applicant's studio (piercing, jewelry insertion, etc).
9. Current copy of studio's business or establishment license.
10. Piercing business card(s).
11. One or more recent samples of applicant's advertising.
12. Copy of Certificate of Liability Insurance (if available).
13. Jewelry order invoice(s) from within the last 90 days
(This must include a variety of jewelry styles appropriate for initial piercings).
14. A copy of a Materials (Mill) Certificate from the jewelry company or companies your studio primarily orders from MAY be requested if needed (DO NOT SEND IN UNLESS REQUESTED).

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

*****Updates to the member's file should be sent to APP office within 60 days ANY time changes are made.***

*****Should any part of this application conflict with local or state regulations please contact the APP Board of Directors to see if an exemption can be made.***



Please present your application in a professional manner

- All personal and environmental criteria should be in a binder separated by tabs as follows:
 - Copy of this Application (for each applicant).
 - Personal Criteria (for each applicant).
 - Questionnaire (for each applicant).
 - Environmental Criteria
 - Video Sleeve
- If you are submitting an application for more than one person, there should be a tab to separate the section for each applicant.
- There should be no loose paper that could be lost. This could prevent you from getting membership.
- The 360° video should have its own sleeve in the binder to prevent damage to the disc. It must also be labeled with studio name and date of submission.

As an Applicant to the Association of Professional Piercers (APP), I understand that my video (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 video 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 September 2011

VIDEO MUST BE CONTINUOUS, UNEDITED, AND NARRATED

Videos that have been edited or are without narration will not be accepted.

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 mentioned 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 in ****CAPITALS AND BOLD LETTERING****. Other items are strong suggestions that are not necessarily required for membership.

OUTSIDE AREA

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

FRONT LOBBY/COUNTER/DISPLAY AREA

Stand in the center of your lobby and SLOWLY pan around 360° to thoroughly show the area including ceilings and floors.

****REQUIRED FOR MEMBERSHIP****

****THE COUNTER SURFACE MUST BE GLASS, METAL, OR OTHER NON-POROUS SURFACE THAT CAN BE DISINFECTED SEVERAL TIMES A DAY.****

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

SUGGESTED SIGNAGE:

- Clearly visible signs in the restroom, front counter area, and piercing room should state that clients are not permitted to change or remove jewelry inside of the studio.
- Signs in the restroom and at the employee hand-washing area should indicate proper hand-washing procedures.
- A sign on the door of the sterilization room should state **Employees Only**.



STERILIZATION / INSTRUMENT PROCESSING ROOM(S)

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

****REQUIRED FOR MEMBERSHIP****

****A COMPLETELY SEPARATE, ENCLOSED STERILIZATION ROOM WITH WALLS AND DOOR(S) IS A REQUIREMENT (CURTAINS ARE NOT ACCEPTABLE) FOR REPROCESSING USED IMPLEMENTS, JEWELRY, AND SUPPLIES. NO OTHER SERVICES INCLUDING BUT NOT LIMITED TO: TATTOOING, PIERCING, OR RETAIL SALES SHALL OCCUR WITHIN THIS ROOM.**

****ALL FLOORING IN THE STERILIZATION ROOM MUST BE NON-POROUS AND EASILY DISINFECTED.****

****THERE MUST BE A CLEAR SEPARATION BETWEEN THE CLEAN AREA AND THE DIRTY AREA. BIOHAZARD AREA SHOULD BE LABELED AS SUCH.****

**** THERE MUST BE AT LEAST ONE ULTRASONIC OR INSTRUMENT WASHER AVAILABLE FOR PROCESSING DIRTY TOOLS OR EQUIPMENT.****

Suggestions:

- Use a separate heated ultrasonic designated **ONLY** for processing new, non-contaminated jewelry, prior to sterilization this should be set up in a “**clean**” area.
- Another option for processing new, non-contaminated jewelry prior to sterilization is a jewelry steamer.
- 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, stainless steel, or other non-porous barrier to divide clean and dirty areas.
- A HEPA air filter or other air purification system etc., or separate ventilation for the sterilization room 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 “**Employees Only**”

EMPLOYEE LOUNGE AREA

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

****REQUIRED FOR MEMBERSHIP****

****NO STERILIZATION OR INSTRUMENT CLEANING EQUIPMENT INCLUDING BUT NOT LIMITED TO AUTOCLAVES AND ULTRASONIC UNITS MAY BE HOUSED IN THE EMPLOYEE LOUNGE AREA.****



PUBLIC/EMPLOYEE RESTROOM

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

****REQUIRED FOR MEMBERSHIP****

****NO STERILIZATION OR INSTRUMENT CLEANING EQUIPMENT INCLUDING BUT NOT LIMITED TO AUTOCLAVES AND ULTRASONIC UNITS MAYBE HOUSED IN THE PUBLIC OR EMPLOYEE RESTROOMS.****

****THE RESTROOM USED BY EMPLOYEES MUST HAVE LIQUID SOAP DISPENSER OR A HANDS-FREE DISPENSER AND AN EASY SINGLE HANDED PAPER TOWEL DISPENSER OR A HANDS-FREE DISPENSER.****

Suggestion:

- Signage in the restroom should indicate jewelry removal/changing is not permitted outside of the piercing room.

EMPLOYEE HAND-WASHING AREA

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

****REQUIRED FOR MEMBERSHIP****

****REASONABLE ACCESS TO AN EMPLOYEE ONLY HAND-WASHING SINK IS MANDATORY. SINKS LOCATED IN THE RESTROOM ARE NOT ACCEPTABLE. ****

****SINKS IN HAND-WASHING STATION MUST BE EQUIPPED WITH BOTH HOT AND COLD RUNNING WATER.****

****THE HAND-WASHING STATION MUST BE EQUIPPED WITH A LIQUID SOAP DISPENSER OR A HANDS-FREE DISPENSER AND AN EASY SINGLE HANDED PAPER TOWEL DISPENSER OR A HANDS-FREE DISPENSER.****

Suggestions:

- In room hand-washing sinks are preferable.
- The sink used for hand-washing should be hands free (such as motion activated or foot controlled).



PIERCING ROOM

Stand in your piercing room and SLOWLY pan 360° thoroughly showing the floor, ceiling, counter tops, inside & outside of ALL cabinets and drawers, 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) (CURTAINS ARE NOT ACCEPTABLE)****

- Walls do not have to be floor to ceiling but should be a minimum of 8ft tall. This height may vary due to local ordinances etc.

****NO OTHER SERVICES INCLUDING BUT NOT LIMITED TO: TATTOOING, HAIR STYLING, OR RETAIL SALES SHOULD TAKE PLACE WITHIN THIS ROOM.****

****ALL FLOORING IN THE PIERCING ROOM MUST BE NON-POROUS AND EASILY DISINFECTED.****

****ALL SURFACES IN THE PIERCING ROOM MUST BE NON-POROUS AND EASILY CLEANED. THIS INCLUDES BUT IS NOT LIMITED TO PIERCING TABLE, MATS, SHELVING, COUNTERS, ETC.****

****STERILIZED PIERCING IMPLEMENTS SHOULD BE KEPT IN ENCLOSED AND NON-POROUS CONTAINERS, DRAWERS, OR CABINETS AND STORED SEPARATELY FROM NON-STERILE ITEMS.****

Suggestions:

- Clearly visible delineation between **clean** areas and **dirty** areas.
- The sharps container and contaminated-tools tray should not be close to sterilized piercing implements and supplies.
- The sharps container should be secure in order to prevent accidental spillage. It should be at a comfortable height for the shortest person in the studio. One solution would be to install a labeled area above the trashcan for contaminated materials, thereby establishing a single contaminated area in the room.
- Used piercing implements should be kept in a lidded, non-porous tray or container that is marked “**Biohazard**.” This tray should be used to transport used instruments to the reprocessing area.
- All bio-hazardous waste containers should be marked “**Biohazard**,” be lidded, and be foot operated or motion activated. Other lidded trashcans should be labeled “**Do Not Touch**.”
- Trash cans should be placed in low or no traffic areas to avoid accidental exposure.
- A HEPA air filter or other air purification system should be located in the piercing room.
- All pictures, posters, decorations, and wall hangings should be framed and cleaned frequently.
- As many products as possible should be sterile and single use.
 - **Marking implements at a minimum must be single use.**
- All packaged equipment, sundry jars, and other materials and equipment used during a piercing should be handled only with clean, freshly gloved hands.



QUESTIONNAIRE

The following questions are intended to determine your level of awareness of health and safety requirements for responsible piercing. Please type your responses and include the questions with your answers in an essay style format.

****Each applicant MUST complete the questionnaire in their own words
NO GROUP QUESTIONNAIRES WILL BE ACCEPTED!****

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 the following:
 - a. Piercing needles
 - b. Contaminated tools
 - c. Equipment in your studio
4. Define disinfect.
5. What materials, equipment, or surfaces in your studio do you disinfect?
6. Describe the products and procedures used to disinfect objects or surfaces in your studio and the frequency in which they are used.
7. Define contaminated and describe the concept of cross-contamination.
8. Describe when and how you wash your hands (please be specific about technique and products used).
9. When and under what conditions is it necessary to change your gloves?
10. List three blood-borne pathogens, briefly define them in your own words, and explain how they pertain to our industry.
11. How is jewelry processed prior to insertion into a new piercing?
 - a. New jewelry
 - b. Previously worn jewelry
12. How is previously worn jewelry processed prior to insertion into a healed piercing?
13. List the products and describe the procedures used for tissue preparation before:
 - a. Oral piercing
 - b. Body piercing
 - c. Stretching and/or jewelry change
14. How many times are piercing needles used before being disposed and how do you dispose of them?



15. What protocol do you have in place for a needle stick?
16. Do you use a piercing gun for any type of piercing? (Y / N) If so, how is it cleaned between uses?
17. Do you use any type of anesthetics? If so, please describe the method and product(s) used.
18. What other non-piercing services are offered in the piercing room?
19. What are the specifications for jewelry that you insert into new piercings?
20. List acceptable jewelry materials and design styles.
21. Please describe your piercing apprenticeship/training:
 - a. Duration
 - b. Location
 - c. Curriculum
22. To perform body piercing list how you are:
 - a. Certified
 - b. Licensed
 - c. Legally qualified
 - d. Regulated
23. List all of the continuing education you have received.
24. What is your policy on piercing persons under the age of eighteen?
25. Under what circumstances would you refuse to perform a piercing?
26. Mistakes happen. If a piercing does not come out as planned, how do you deal with the situation?
27. List the qualities that you feel are important as a piercer.
28. Please describe what a good bedside manner is.
29. What do you hope to achieve by becoming a member of the APP?
30. Do you have any ideas or suggestions on how to better the APP?
31. Do you have any specific talents or skills that you would like contribute to help benefit the APP such as writing or computer skills?



HEALTH AND SAFETY AGREEMENT

The APP requires a signed agreement on record from each individual member. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of membership. Please initial each numbered line as indicated to show that you have read and fully understand each point.

1. _____ I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.
2. _____ I agree that all needles will be sterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.
3. _____ I agree that all forceps, tubes, etc. will be sterilized. If they are not used immediately, they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated, processed, and then sterilized in an autoclave.
4. _____ I agree that as many supplies as possible including corks, rubber bands, toothpicks etc., should be individually packaged and sterilized in an autoclave and disposed of immediately after a single use.
5. _____ I agree to follow manufacturers recommendations on any and all products utilized.
6. _____ I agree that a new pair of medical-grade gloves (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance for cross-contamination.
7. _____ I agree that the room used for piercings will be an enclosed room and used exclusively for piercing and jewelry insertion. This room must also be kept separate from the area used to decontaminate tools.
8. _____ I agree that the piercing room, sterilization room, bathrooms, and all other common areas will be kept scrupulously clean and shall be disinfected frequently. All surfaces shall be nonporous thus allowing them to be cleaned with an EPA-approved disinfectant solution throughout the day and whenever cross-contamination might occur.
9. _____ I agree that all jewelry for initial piercings will be sterilized prior to insertion.
10. _____ I will use only appropriate jewelry for initial piercings as listed in the current APP minimum standard. I recognize that this standard may change periodically. I will be informed of any changes and will update my practices accordingly.
11. _____ I agree not be under the influence of legal or illegal substances which might compromise my abilities while working.
12. _____ I agree to maintain my certification in First Aid, CPR, and Bloodborne Pathogen training.
13. _____ I agree to meet or exceed all health, safety and legal standards as required by my state and local authorities.
14. _____ I agree not to misrepresent myself, my abilities, or my standards in any way.
15. _____ I agree to consider all new health and safety suggestions, as they become known to me and to make appropriate changes in my technique as applicable.
16. _____ I agree that it is the moral, ethical, and professional responsibility of all piercers to continue to seek out, absorb and share health and safety information relevant to the craft throughout my career.
17. _____ I agree to adhere to the APP logo specification and guidelines.

Name (please print): _____

Studio Name: _____

Signature _____ Date _____



ASSOCIATION OF PROFESSIONAL PIERCERS
MEMBERS LIST AT SAFEPIERCING.ORG

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.*



ASSOCIATION OF PROFESSIONAL PIERCERS
MEMBERS LIST AT SAFEPIERCING.ORG

PROUD MEMBER



VERIFY AT SAFEPIERCING.ORG



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 impostor 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 _____