

Tattoo Exemption Clause Statement of Understanding

T.C.A 62-38-210(b) and Rule 1200-23-3-.06(5) relating to Tattoo Artist and Tattoo Establishment state that the statute and rules do not apply to physicians licensed to practice medicine by the State of Tennessee or any person under the supervision of a physician. Rule 1200-23-3-.06(5) states that in order to receive an exemption, a person, other than a licensed physician, shall submit a letter stating that any and all tattooing is being performed under the supervision of a licensed physician and such letter shall be signed by the supervising physician and shall be notarized.

The term “physician” and the “practice of medicine” shall mean a licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) as defined in T.C.A. 63-6-204 as a person licensed pursuant to Chapter 6 or 9 of Title 63; Chapter 6, Medicine and Surgery, and Chapter 9, Osteopathic Physicians.

(Please print or type)

Non Licensed Tattoo Artist:

Name

Home Address

City, State, Zip

Signature of Non Licensed Tattoo Artist

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a non licensed tattoo artist, I may practice only under the supervision of the below named supervisor in accordance with the supervision provisions as set forth in the Law/Regulation Governing the Tattoo Exemption Clause.

Supervision Information: To be completed by the supervising Physician (Licensed Medical Doctor, M.D. or Doctor of Osteopathy, D.O.)

(Please print or type)

Supervising Physician:

Name of Supervisor

Physician’s License Number

Name of Facility Where Non Licensed Artist will be employed

Employment Address

Employment City, State, Zip

Signature of supervising Physician

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed facility. I understand and accept fully that I am responsible for the practice of the registrant once a provisional registration has been issued. I agree that I will contact the Professional Licensure Office, in writing, when this agreement has been terminated.

Tattoo Exemption Clause - Must Be Notarized

State of Tennessee County of _____

Before me, a Notary Public, in and for said County and State, personally appeared

_____ who acknowledged the
(Supervising Physician)

execution of the foregoing, and who, having been duly sworn, stated that the representation therein contained are true.

Witness my hand and Notary Seal this _____ day of _____ 20 _____.

Signature (Notary Public)

Print

My Commission Expires