

PERMANENT MAKEUP SUPPLEMENT

Name of Permanent Makeup Technician to be covered: _____

Complete for each technician & If less than 1 year experience, provide certificates of training for all procedures

Have you had formal instruction in the application of Permanent Cosmetics: Yes No

How many years of experience do you have with Permanent Cosmetic? _____

Training Dates Name of School Number of Hours Trained

Have you had formal instruction in the application of Microblading: Yes No

How many years of experience do you have with Microblading? _____

Training Dates Name of School Number of Hours Trained

Have you had formal instruction in the process of Pigment Removal: Yes No

How many years of experience do you have with Pigment Removal? _____

Training Dates Name of School Number of Hours Trained

Indicate what procedure (s) technician will perform: *Indicates Additional Premium May Apply

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Lips/Liners | <input type="checkbox"/> Eyebrows | <input type="checkbox"/> Eyeliners |
| <input type="checkbox"/> Beauty Marks | <input type="checkbox"/> Nipple Areola | <input type="checkbox"/> Cheek Blush* |
| <input type="checkbox"/> Scar Camouflage* | <input type="checkbox"/> Bald Spot Repigmentation* | <input type="checkbox"/> Microblading |
| <input type="checkbox"/> Pigment Removal* (Specify Product): _____ | | |

TOTAL NUMBER OF PROCEDURES IN THE LAST 12 MONTHS: _____

INFORMATION ABOUT YOUR PROFESSION

Are you in compliance with all city, county and/or state ordinances? Yes No

Do you have everyone sign a Consent form and complete a Medical History form? Yes No

I am Submitting my own forms I will use PPIB approved forms

Do you take before and after photos of all work? Yes No

Do you schedule a follow up appointment after each procedure? Yes No

EQUIPMENT AND PROCEDURES

Are all Pigments/ Removal Products you use from US or Canada manufacturers and/or EU Standards? Yes No

If No, list manufacturers: _____

Do you EVER reuse needles? Yes No

If you perform Microblading, does your tool have a needle grouping? Yes No

If No, indicate method: _____

Is all your equipment pre-sterile, one time use? Yes No

If No, indicate your method of sterilization: _____

Do you wear gloves with each procedure? Yes No

Do you have hot and cold running water on site? Yes No

What anesthetics, if any, do you use? _____