

**SOCIETY OF PERMANENT COSMETIC PROFESSIONALS
TRAINER MEMBERSHIP APPLICATION**

PART I. GENERAL INFORMATION

- 1.1 Name of Applicant: _____ Date of Application: _____
Doing Business as: _____
Mailing Address: _____

Phone: _____ Fax: _____
Email: _____ Website: _____
- 1.2 Business operated as: Sole Proprietorship _____ Partnership _____ Corporation _____
LLC: _____ Other, explain _____
- 1.3 Where are classes being held? Classroom _____ Salon _____ Clinic _____
Other, describe: _____
- 1.4 Are you in compliance with all applicable city, county or state ordinances? Yes _____ No _____
- 1.5 Years in business applying permanent cosmetics? _____
- 1.6 Have you had formal instruction in the application of permanent cosmetics? Yes _____ No _____
- 1.7 How many of each of the following procedures have you performed in your career?
Eyeliner _____ Skin Repigmentation/Camouflage _____
Eyebrows _____ Breastwork _____
Lip liner _____ Other, describe: _____
Full lip color _____

PART II. SCHOOL INFORMATION

- 2.1 What program level(s) are you applying to teach?
Fundamental Program (eyeliner, eyebrows –lip liner, shaded lip liner is optional) _____
Intermediate Education (full lip procedures, breast work) _____
Advanced Program (camouflage/repigmentation, 3D nipple/areola) _____
Continuing Education Programs _____
- 2.2 What is your student-teacher ratio for hands-on training? _____
- 2.3 How many hands-on beginning to end procedures will each student perform? _____
- 2.4 Are your models required to sign informed consent forms? Yes _____ No _____
- 2.5 What forms do you teach the use of? Check all that apply: Informed Consent _____
Medical History/Client Information _____ Chart Notes _____
Pre-Procedure Information Sheet _____ After Care Sheet _____

(Part II. School Information, cont.)

- 2.6 Do you teach the use of before and after photographs? Yes _____ No _____
- 2.7 Do you advise a follow-up appointment after each procedure? Yes _____ No _____
How long after? _____
- 2.8 Do you provide your students with a course evaluation form? Yes _____ No _____

PART III. EQUIPMENT AND SUPPLIES

- 3.1 Are all your pigments/anesthetics from SPCP suppliers? Yes _____ No _____
If no, state additional sources: _____
- 3.2 Do you use new sterile needles for each client? Yes _____ No _____
- 3.3 Do wear new gloves for each procedure? Yes _____ No _____
- 3.4 Do you have hot and cold running water on site? Yes _____ No _____
- 3.5 Do you dispose of poured pigments after each client? Yes _____ No _____
- 3.6 Do you follow CDC and OSHA guidelines? Yes _____ No _____
- 3.7 Please list all tattoo machines/devices you use and circle the device used for your fundamental program:
Include Manufacturer's names: _____

- 3.8 Please provide information on all sterilizers used:
Manufacturer _____ Date of Purchase _____
Manufacturer _____ Date of Purchase _____
- 3.9 Is your training facility maintained in a sanitary manner? Yes _____ No _____
- 3.10 Has your office or training facility ever been inspected by state/city/county health departments or
other governing bodies? Yes _____ No _____
If yes, explain: _____

I understand in order for the SPCP to consider my Trainer Membership, I must enclose the following:
(check)

- _____ A resume for each trainer, including copies of all certificates from formal
programs of instruction or a description of training in the permanent cosmetics industry.
- _____ Copies of permanent cosmetic continuing education certificates for each trainer.
- _____ A copy of my business license.
- _____ Copies of all promotional and advertising materials for my training program.
- _____ A copy of my **curriculum and lesson plan** for each program level I am applying to teach, indicating
the amount of time it covers (minimum, 7 days for classroom portion of fundamental training or 6
days with 8 hours of video conferencing) and the number of hands-on procedures each student is
given.
- _____ A copy of my student manual and any other hand-outs and/or indicate here:

_____ I purchase the SPCP textbook, *Permanent Cosmetics - The Foundation of Fundamental Applications* for each student.

_____ A copy of my course evaluation form for students to complete.

_____ A copy of the written test for each program level I am applying to teach.

_____ A copy of the informed consent form for models.

_____ A copy of all forms I recommend including consent forms and medical history/client information forms.

_____ A copy of any promotional or advertising materials for student use.

_____ A copy from the most recent spore strip indicator test result (biologic indicator) if I use an autoclave.

_____ Proof of most recent attendance of a Bloodborne Pathogen Class.

_____ A copy of my CPCP certificate.

_____ A non-refundable application review fee of \$100. If paying by check, a separate check in the amount of \$450 for trainer membership fees is included.

I understand it can take up to 4-6 weeks for the review process.

I hereby represent that all of the information supplied above is true and correct. I understand that this information will form the basis of my application for SPCP Trainer Membership. I agree to notify the SPCP immediately if at any time in the future any of the information listed above changes. Failure to do so will constitute a valid basis for terminating SPCP Trainer Membership, as does the providing of any incorrect information in the application above.

I have received and reviewed a copy of the SPCP Training Guidelines and Model Curriculum and accept them as minimum requirements for an SPCP Trainer Membership.

By: _____ Date: _____

Payment Schedule:

Trainer Dues:	\$465
Trainer submission review fee:	\$100
Additional listing as a technician:	\$ 85
Total:	_____

Check_____ Charge: Visa_____ MasterCard_____ AmEx_____

Account Number:_____ Exp. Date:_____

Name as it appears on the Card:_____

Signature:_____

Note: You will not have to pay a separate technician level membership fee.