



American Academy of Micropigmentation • Credentials Committee
 2709 Medical Office Place • Goldsboro NC 27534

Application for Academy Membership



My Name: _____

Leave this blank:
Date Reviewed
by: _____ Credentials Officer

Doing Business As: _____ Year Started _____

Previous DBA: _____ Year Started _____

Street Address: _____

City/State/Zip: _____

Home Tel	Office Tel	Cellphone	email	website

Year Trained: _____	List Instructor(s) Here:	<i>ONE (1) YEAR MINIMUM REQUIRED</i>
Year Started Practice: _____		Practicing One Year: ___ Yes ___ No If less, specify: _____
I comply with all City, State and County laws? ___ Yes ___ No	Name of Insurance Carrier: Year First Insured: _____	My native Language is: Circle One English ___ Spanish ___ French ___ Korean ___ Other _____
I use the following system: ___ Disposable ___ Autoclave	I am an active member of: ___ AAM ___ SPCP ___ Other _____	I follow CDC and OSHA standards in my facility: ___ Yes ___ No

Please estimate how many of each procedure, including touch-ups, you've done.

Eyebrows	
Eyeliner	
Lipliner	
Full Lipcolor	
Camouflage	
Cheek Blush	
Eye Shadow	

Check the techniques you prefer below:

Manual	
Rotary	
Coil	

Confirm that you have the following credentials on file or available upon request:

Training Certificates	Insurance Applications	Insurance Policy	Client Records	Licenses as Required
Industry Memberships	Proof of Occupancy	DBA or Corp Documents	TB Test and dates	Other: List

I hereby affirm that I meet all the requirements to become an Academy Member and all the information submitted in this document is true and correct as of **this day signed below**. I agree to notify the AAM of any changes in my contact information. I understand that this information will be used to determine my status as a qualified Candidate for Micropigmentation Certification Status. I agree to support the mission of the Academy and abide by the educational standards set forth by the AAM. I understand that if I have submitted any information, which is false or misleading, or I fail to meet the requirements of the AAM, it is cause to disqualify me and or expel me from the Academy. **Academy Contact: tel 800/441-2515 fax 919/735-3701**

My Social Security Number _____

Signature _____

Date _____