

**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 is optional) \_\_\_\_\_

Continuing/Intermediate Education (full lip procedures) \_\_\_\_\_

Advanced Program (camouflage, repigmentation, breastwork) \_\_\_\_\_

- 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 you 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 enclosed 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 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 \$350 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 approved SPCP Trainer Membership.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Schedule:

Trainer Dues: **\$350**

Trainer submission review fee: **\$100**

**Total:** \_\_\_\_\_

Check \_\_\_\_\_ Charge: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Upon renewal, you can also be listed as a technician member for an additional \$75 fee.

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