



CODE OF CONDUCT

AFFILIATE MEMBER

(SCALP MICROPIGMENTATION PRACTITIONER)

Affiliate Membership of the BAHRS is a privilege accorded to Scalp Micropigmentation Practitioners of the highest moral and professional standards, it is not a right.

The ethical principles adopted by the BAHRS define the essentials of honorable behavior expected by its Affiliate Members.

As an Affiliate Scalp Micropigmentation Practitioner Member of the BAHRS I agree to the following:

- To abide by the BAHRS Professional Standards for Scalp Micropigmentation Practitioners.
- When treating patients, to always have their physical and psychological wellbeing as my primary concern and to treat them as I would wish to be treated or as I would wish a member of my family to be treated.
- To not conduct myself in any way that brings the Association, or the practice of Scalp Micropigmentation into disrepute.
- To not imply to the public or professional colleagues that I belong to another category of BAHRS Membership.
- To only use the BAHRS Affiliate Scalp Micropigmentation Practitioner Member logo for personal websites and stationary to show personal affiliation.
- To not make the suggestion or imply that I am speaking for or on behalf of the Association unless asked to do so by the BAHRS President.
- To not denigrate my colleagues using false or misleading information with the intent of injuring the reputation or business of a BAHRS Member by any means.
- To pay my Association fees within timeframe stipulated on the invoice.
- To comply with all relevant work-based regulations and all local council's regulations.
- To comply with the BAHRS Membership Terms and Conditions.

I understand that failure to comply with any of the above may result in my expulsion from the Association in accordance with the terms of the BAHRS Constitution.

I recognize that a greater moral responsibility is necessary in the cosmetic field than in many other medical fields because of the lack of oversight by the government and/or peer review and the emotional involvement of the patient.

Printed name: _____ Signature: _____ Date: _____