

# Student Artist Application

**PLEASE READ CAREFULLY:** This form must be filed with the Body Art Section prior to the commencement of the student's training/apprentice training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Section's office.

**Required Attachments:** This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of blood borne pathogens course; and proof of education.

**Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure. Please complete and submit preclicensure petition (link below) before submitting a student permit application.**

[https://www.healthy.arkansas.gov/images/uploads/pdf/Act\\_990\\_Prelicensure\\_petition\\_.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Prelicensure_petition_.pdf)

**CRIMINAL RECORD**

Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony?

Yes \_\_\_\_ No \_\_\_\_ If yes, please list felony(s) \_\_\_\_\_

Have you completed and submitted a preclicensure petition? Yes \_\_\_\_ No \_\_\_\_

**STUDENT INFORMATION**

Last Name		First Name				Middle Name			
Maiden Name (if applicable)		List any other <i>last</i> name you have ever used							
Address Where You Receive Mail		Apt. #	City		County	State	Zip Code		
Address Where You Live		Apt. #	City		County	State	Zip Code		
Phone	Gender MALE FEMALE		Race	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
Marital Status	SSN	Date of Birth		Email Address (REQUIRED)					

**ENROLLMENT/INSTITUTION INFORMATION**

Name of Enrolling Institution/Establishment		City, State
Type of Training		
Date training to begin	Number of hours enrolling	

**PREVIOUS ENROLLMENT/APPRENTICE INFORMATION**

Have you ever attended another institution? YES NO	If yes, Name of previous Institution	City/State
Type of Previous Training	Number of Hours Acquired	

I hereby give my permission to the school to release any information contained in my student file to a representative of the Body Art Section who is duly authorized to review my records. Further, I give my permission to the Body Art Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Body Art Section.

Student	Signature	Date
School Representative/Artist Instructor	Signature	Date