

**ARKANSAS DEPARTMENT OF HEALTH
Environmental Health Protection
Body Art Program**

Date received _____
Date reviewed _____
Date of written exam _____
Date of Practical _____
Date approved _____

Approved by: _____

APPLICATION FOR QUALIFICATIONS REVIEW FOR ARKANSAS BODY ART ARTISTS

This form is designed to be used for body art artists who have failed to renew their Arkansas artist license to apply for the Qualifications Review process. Applications for reinstatement of Arkansas Body Art artist license shall be accepted only for artists who were certified / licensed by the Department effective on or after January 1993.

The application must be accompanied by the \$500 required review fee (check or money order only) and a current OSHA compliant Blood Borne Pathogens Course Certification

Please print

NAME _____

Phone # _____

**MAILING
ADDRESS** _____

DOB _____

Email _____

Date of original licensure as body art artist _____

Shop or school where artist in training was completed _____

City where school is/was located _____

Name of trainer _____

If necessary use the back of sheet to complete the following:

Please list any additional training you have completed since your original licensure pertinent to the body art field of study for which you were licensed

Please list any other state(s) where you are currently *licensed* as a body art artist

Signature

Date