

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

4815 West Markham Slot # 46
Little Rock AR 72205-3867
501-661-2171

Date received _____
Fee Received _____
Date reviewed _____
Date of Written exam _____
Date of Practical exam _____
Date approved _____

Approved by: _____

APPLICATION FOR QUALIFICATIONS REVIEW FOR OUT OF STATE BODY ART ARTISTS

This form is designed to be used by body art artists seeking an Arkansas body art license who ARE CURRENTLY LICENSED AS A BODY ART ARTIST IN OTHER STATES (or have been licensed within the last two calendar years). **You must have completed an artist in training program that is comparable in hours required in the Arkansas Artist in Training Program documented by the out of state regulatory agency.**

The application must be accompanied by the \$500.00 nonrefundable review fee required by Act 596 of 2013 (check or money order only) and a current OSHA compliant Blood Borne Pathogens Course Certification.

Please print

NAME _____ Phone # _____

DOB _____

MAILING ADDRESS _____ Email _____

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

LICENSE:

State where *currently* licensed as body art artist _____

Licensing Agency _____

Contact person _____

Address _____

City _____ Phone # _____

Email address _____

Attach a copy of your license from within the last two calendar years from out of state regulatory agency

If necessary use the back of sheet to list other states where you are currently licensed or have been licensed within the last two calendar years.

LICENSE:

State where currently/previously licensed as body art artist _____

Dates of licensure _____

Licensing Agency _____

Contact person _____

Address _____

City _____ Phone # _____

Email address _____

Attach a copy of your license from within the last two calendar years from out of state regulatory agency

ARTIST IN TRAINING PROGRAM:

Did you complete an Artist in Training (apprenticeship) program required by a state other than Arkansas ?
YES _____ NO _____

Shop or school where artist in training was completed _____

City where school is/was located _____ State _____

Name of trainer _____

Regulatory agency contact person concerning artist in training program which you completed

Name _____ Agency _____

Address _____

Phone # _____ email _____

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

REQUIRED DOCUMENTATION:

Documentation from the regulatory agency where the artist is currently or most recently been employed shall be provided. This includes but not limited to:

Date of employment _____ Establishment owner _____

Establishment Name _____ Address _____

City _____ State _____ Zip _____

The following must be submitted with application:

- _____ (1) A copy of the body art laws and/or regulations from the out of state regulatory agency **AND**
- _____ (2) A copy of the last inspection of the establishment conducted by the regulatory agency located in the state where you were licensed (if available) **AND**
- _____ (3) Documentation of a minimum 6 month artist in training program successfully completed

Or a

_____ *Letter of reference from the regulatory agency where currently licensed which provides information on compliance history, evaluation of applicant's knowledge of health and safety standards and records of training completed as required by the agency*

WORK HISTORY:

List all work experience related to body art and show dates of employment

Signature

Date

PLEASE MAIL THE COMPLETED APPLICATION AND ALL COPIES OF REQUIRED DOCUMENTATION TO:

**Arkansas Department of Health
Environmental Health – Body Art Program
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Little Rock AR 72205-3867**