

**Arkansas Department of Health
Cosmetology and Massage Therapy Section
4815 West Markham, Slot #8
Little Rock, AR 72205
Phone: (501) 683-1448
Fax: (501) 682-5640**

**Cosmetology Technical Advisory Committee
Application for Committee Membership Appointment**

All applicants for appointment must complete this form and submit to the Cosmetology and Massage Therapy Section. Failure to complete all parts of the application will delay the review and process of your application.

Requirements:

The seven members of the Cosmetology Technical Advisory Committee are appointed by the Arkansas State Board of Health for two-year terms. Terms for current members expire in August. Representation is set by Arkansas law and includes:

- A licensed cosmetologist actively engaged in practicing the art of cosmetology for at least five (5) years at the time of appointment;
- A licensed nail technician;
- The owner of a licensed school of cosmetology or director of cosmetology at a state-supported school;
- A licensed aesthetician;
- Three at-large members representing the cosmetology industry or a related field.

If you are interested in being considered for membership on the Committee and meet one or more of the requirements above, please complete application and e-mail to Kelli Kersey, Section Chief, Cosmetology and Massage Therapy, Arkansas Department of Health at kelli.kersey@arkansas.gov.

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)		License Type(s)	
Date of Birth	Email Address		Number of Years Licensed
Cell Phone	Work Phone or Alternate Phone	Congressional Voting District	
Physical Address		Suite/Apt	
City	State	Zip	County
Are you a salon or school owner? If yes name of salon or school			
Physical Address of salon or school		Suite	
City	State	Zip	County

Cosmetology Training

School Name		Number of In-Classroom Hours Completed	
Address		Suite/Apt	
City	State	Zip	County
Director's Name	Phone	Enrollment Date	Graduation Date

Employment Background (attach additional sheets if necessary)

Employee Name		Start Date	End Date
Address		Phone Number	Years Employed
City	State	Zip	County
Reason For Leaving		Supervisors Name	
Employee Name		Start Date	End Date
Address		Phone Number	Years Employed
City	State	Zip	County
Reason For Leaving		Supervisors Name	

Please write a brief description of why you would be a strong candidate for this Committee and any additional information you feel would be relevant for the position.