

Permanent Cosmetics -Examination and Initial Licensure Application

INSTRUCTIONS FOR WRITTEN EXAMINATIONS

- Written Examination:
 - Submit Examination and Initial licensure application(form below), hour logs for candidate and fees.
 - Candidate will receive an email to the email below with a link to the written examination once application has been processed.

INSTRUCTIONS FOR PRACTICAL EXAMINATIONS

- Practical Examination:
 - Candidate will be contacted to schedule practical examination via email.
 - Practical examination option:
 - Taken at the establishment/shop of choice within three(3) weeks of the section receiving the examination and initial licensure application form.
 - Candidate will need to have a mannequin(fake skin), pig ears or fruit for the practical examination:
 - For the permanent cosmetics 2 strokes on the eyebrow will be required.
 - Candidates will be required to set up their work area as part of the examination, perform the appropriate service and breakdown the work area once the service is completed.

Arkansas Department of Health
 Body Art Section
 4815 West Markham, Slot 8
 Little Rock, AR 72205
 501-682-2168

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Any person who has completed training in permanent cosmetics as stipulated A.C.A.17-26- 707, is required to take a written and practical examination. Any person who owes a financial obligation to the Department will be deemed ineligible to examine until the debt is paid in full. The Postsecondary Institution of permanent cosmetics is responsible for submitting an Examination and Initial Licensure Application (this form) and required fees to the Department confirming the completion of hours.

If the Department's records agree that the person has met all eligibility requirements and does not owe a financial obligation to the Section, then the person will be deemed eligible to schedule for the written examination. The school/institution is responsible for submitting a written examination form to the Department.

\$50.00 Non-Refundable examination fee is required with this application along with the \$100.00 Non-Refundable initial licensure fee.

Type of training received: Permanent Cosmetics

First Name		Middle Name		Last Name		Social Security Number	
Address			City		State		Zip Code
Phone Number							
Date of Birth	Gender		Race				
	MALE	FEMALE	Black	White	Am. Indian	Hispanic	Asian
							Alaskan Native
Institution Attended			Date training began		Date completed training		Total hours completed
Is Tuition Paid in Full	Number of Certified Hours		Email Address (REQUIRED – all correspondence sent from the Section regarding your examination will be sent via email)				
Yes	No						

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Instructor/School Owner Signature		Today's Date	
Applicant's Signature		Today's Date	