

**ARKANSAS DEPARTMENT OF HEALTH  
BODY ART SECTION  
4815 West Markham, Slot 8  
Little Rock, AR 72205-- (501) 682-2168**

**Reciprocity for Out of State Semi-Permanent Cosmetic Artists**

**Summary**

**Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure, please complete and submit prelicensure petition (link below) before submitting your 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)**

- 1) Fill out the Reciprocity Form (enclosed) and return it to the Body Art Section (address located at the top of this form) along with required documents and the \$500.00 non-refundable application fee.
- 2) Proof of licensure as an artist submitted directly to the Section by the out of state regulatory agency within the last two calendar years.
- 3) Submit copy of completed blood borne pathogen course.
- 4) Documentation of a minimum of 6-month artist in training program must be submitted with the application or a letter of reference from the regulatory agency where the artist is currently licensed which provides information on compliance history, evaluation of knowledge of health and safety standards and any record of training completed as required by the agency.

**If your Reciprocity information is approved:**

- A Written examination shall be taken. A passing score is required.

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# Out of State Semi-Permanent Cosmetics Reciprocity Form

**Instructions:** This form is designed to be used by Semi-Permanent Cosmetic Artists seeking an Arkansas Semi-Permanent Cosmetics License who are currently licensed as a Semi-Permanent Cosmetic Artist in another state (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. This application must be accompanied with the \$500.00 Non-Refundable fee and a current OSHA compliant Blood Borne Pathogens Course Certification and all other required documents listed in the summary.

**Applicant's Name**

Last Name		First Name (no nickname)		Middle Name	
Maiden Name (if applicable)		Email Address (REQUIRED)			
Address		Apt. #	City	County	State Zip Code
Telephone Number		Gender MALE FEMALE		Marital Status	
Social Security Number	Date of Birth	Type of License			
Race Black White Am. Indian Hispanic Asian Alaskan Native					

**Licensing Information**

State where currently licensed as body art artist		Licensing Agency	
Contact Person	Phone Number	Email Address	
Address	City	State	Zip Code

**Work History**


**Applicant Signature:** By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Printed Name	Applicant's Signature	Date
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