

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

<h2 style="margin: 0;">Written Examination/Apprentice Permit Application</h2>

PLEASE READ CAREFULLY: This form must be filed with the Body Art Section prior to the commencement of the student's training/apprentice training. As stipulated in A.C.A.17-26- 608 each artist in training seeking licensure as an artist shall take a written examination before beginning training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Section's office and the online written examination is taken and passed.

Required Attachments: This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of blood borne pathogens course; and a **\$50.00 Non-Refundable examination fee.**

Examination Instructions: Applicants will be contacted by email with a link for access to the online written exam once application and fees have been processed. Upon passing of the examination the Apprentice Permit will be sent to the Training Facility.

STUDENT INFORMATION

Last Name		First Name				Middle Name			
Maiden Name (if applicable)		List any other <u>last</u> name you have ever used							
Address Where You Receive Mail		Apt. #	City		County	State	Zip Code		
Address Where You Live		Apt. #	City		County	State	Zip Code		
Phone	Gender MALE FEMALE		Race	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
Marital Status	SSN	Date of Birth		Email Address (REQUIRED)					

ENROLLMENT/APPRENTICE INFORMATION

Name of Enrolling Training Facility		City, State
Type of Training		
Date training to begin	Number of hours enrolling	

PREVIOUS ENROLLMENT/APPRENTICE INFORMATION

Have you ever attended another School? YES NO	If yes, Name of previous School	City/State
Type of Previous Training	Number of Hours Acquired	

I hereby give my permission to the school to release any information contained in my student file to a representative of the Body Art Section who is duly authorized to review my records. Further, I give my permission to the Body Art Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Body Art Section.

APPRENTICE	SIGNATURE	Today's Date
FACILITY REPRESENTATIVE/TRAINER	SIGNATURE	Today's Date