

## **INSTRUCTIONS FOR PRACTICAL EXAMINATIONS**

- Practical Examination:
  - Submit Practical Examination and Initial licensure application(form below), hour logs for candidate and fees.
  - 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 Body Art a 1/2 inch wide by 1/2 inch length tattoo will be required (tattoo should be preselected before the examination)
    - For the piercing the skin must be pierced using the appropriate earring.
  - 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

## Body Art or Piercing Practical Examination and Initial Licensure Application

Any person who has completed training in body art or body piercing, as stipulated in A.C.A.17-26- 607, is required to take a 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 Training Facility of body art s is responsible for submitting a Practical 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 practical examination.

**\$100.00 Non-Refundable initial licensure fee is required with this application.**

Type of training received:  
 Body Art                  Body Piercing

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

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.

Artist Trainer/Facility Owner Signature	Today's Date
Applicant's Signature	Today's Date