

Arkansas Department of Health – Body Art Section 4815 West Markham, Slot #8 Little Rock, AR 72205 Telephone: 501.661.2606 = Fax: 501.682.5640 Email: adh.bodyart@arkansas.gov = Website: www.healthy.arkansas.gov

APPLICATION FOR OUT-OF-STATE LICENSURE

Complete this application by typing into the fields below. Forward the completed application to the Section with the following documentation:

- 1. Non-Refundable \$200.00 application fee.
- 2. Legible copy of your current U.S. government issued photo identification (i.e., driver's license, state identification card, or miliary identification)
- 3. A current OSHA compliant Blood borne pathogen course certification.
- 4. A certified record (affidavit) from the State where you are currently licensed. (Licensees must be in good standing with at least two (2) years of licensure experience)
- 5. A certified record of completion of a minimum of a 6-month in training program. (This must include information on compliance history, evaluation of knowledge of health and safety standards and any record of training completed as required by ADH)

Failure to complete ALL fields will result in an incomplete application which cannot be processed. An E-mail is required to receive communication from the Section regarding the status of your out-of-state licensure application.

Applicant Information:

License type for which you are applying:		Have you been license	Have you been licensed for two (2) years or more in the license you are applying for?	
Body	Art Artist Permanent Cosme	etics	Yes No	
Full Legal Name:		· · ·	Have you ever been convicted of a felony under § 17-3-102?	
Last	First	Middle	If yes , you will need to <u>STOP</u> this application and complete and submit the prelicensure petition (ACT 990) <u>before</u> submitting this application.	
Address:				
Street		City/State	Zip Code County	
Phone Number:	Date of Birth:	Social Security Number:	Male Female	
E-mail Address: (REQUIRED – Application confirmation, updates, and testing information will be sent to the email address provided)				
Race			st ALL other last names or legal names you have had:	
Black	White Am.Indian Hispanic	Asian Alaskan Native		
Do you hold a current, valid license in another state? Yes No If yes, is the license in good standing Yes No				
State	License Number	Issue Date	Expiration Date	
Work History				
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.				
Printed Name	Sig	nature (must match ID)	Date	
			00/2002	