

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

Reinstatement License Form

**Arkansas Department of Health
Body Art Program**

Reinstatement Procedures for artists who have allowed their Arkansas license to lapse

Applications for reinstatement of Arkansas Body Art artist license shall be accepted only for artists who were certified / licensed by the Department effective on or after January 1993

- Where applicable, documentation from the regulatory agency of any state other than Arkansas where the artist has most recently been employed as a body art artist shall be provided. This must include but not limited to information concerning the establishment(s) where the artist has been employed, length of time employed, and any other documentation concerning artist licensure in other states. The Body Art Program shall have final approval on all forms of documentation submitted as proof of previous experience.**
- If applicable, documentation of any additional training in body art completed since Arkansas license lapsed.**
- A review of the artist's Arkansas file will be conducted by the Body Art Program to insure a 6-month artist in training/apprenticeship was successfully completed.**
- Upon receipt and approval of all requirements, you will pay a \$100 reinstatement fee and pay all overdue licensing fees. Once received, the artist will be eligible to take the written exam.**
- Written exam shall be taken once completed application and fees have been received . A passing score is required.**
- Upon notification of a passing score on the written exam a license will be issued.**

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Resinstatement License Form

Original licensure information:

First Name	Middle Name	Last Name
Maiden Name (if applicable)	Email Address	Phone Number
Address where you receive mail		

Name as shown on last license issued to you:

First Name	Middle Name	Last Name
Maiden Name (if applicable)	List all possible last names	
Date of Birth	Social Security Number	
Month and Year of Original Licensure	Year Last Licensed	

School Information:

Name of School/City/State
Additional training completed since original licensure

By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Signature	Date
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