

Applicant Name _____

4. a. Current Employer: _____

b. Employer Address: _____
(Street address: PO Box is not acceptable as employer address.)

(City) (State) (Zip) (County)

c. Employer Telephone Number _____
(Area Code) (Number)

d. Fax Number _____
(Area Code) (Number)

5. Other Address _____
(Street address) (City) (State) (Zip) (County)

6. Please circle the address at which you would like to receive correspondence from MDH.
NOTE: This address will be disclosed to any requestor (Minnesota Statutes, section 13.41, subdivision 2).

Home Employer Other

7. a. Male _____ Female _____ ; b. Date of Birth _____

c. Proof you are at least 18 years of age: enclose a copy of one of the following documents and check the type of document you are enclosing.

_____ Birth certificate; _____ Resident alien card;
_____ Drivers license; _____ Valid Passport
_____ Tribal ID card; _____ Other (describe) _____
_____ Military ID card issued by US DOD;

8. Social Security Number _____ (Required by MN Statutes 270.72C, subdivision 4; SSN information does **not** become public information upon issuance of license.)

Professional Background:

9. Proof you have completed at least 200 hours of supervised experience in the body art area for which you are applying for licensure. Enclose an affidavit executed by the licensed technician under whose supervision you completed the 200 hours.

a. Name of Supervising Technician: _____

b. Establishment Where You Worked: _____

c. Dates You Worked at That Establishment: From _____; To _____

10. **Request for Waiver of Supervision Requirement:** Pursuant to Minnesota Statutes, 146B.03, subdivision 10, until January 1, 2012, the supervised experience requirement will be waived if you submit evidence you have performed at least 2,080 hours within the last five years in the body art area for which you are seeking. Use page 4 and additional pages as needed for any explanations.

a. Are you requesting a supervision requirement waiver? _____ Yes _____ No

b. If yes, indicate below the types of documentation you want to use to prove your experience in the body art field and enclose copies of your evidence:

_____ W2 forms issued by employers _____ Newspaper articles
_____ Certificates of achievement in your area of body art _____ Business cards
_____ Proof of active membership in professional organizations _____ Income Tax filings
_____ Awards received _____ Other (Explain)

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11. **Training:** Provide copies of certificates of completion showing course title, presenter and date completed for each of the following courses:

- a. Bloodborne pathogen: Date taken: _____
- b. Prevention of disease transmission: Date taken: _____
- c. Infection control: Date taken: _____
- d. Aseptic technique: Date taken: _____

12. List all body art employment you have had for the last five years. List your current employer first, and then next most recent employer. Include any employment in which you were self employed. Use page 4 and additional sheets if necessary.

Employer's Name	Employer's Address (Street, City, State, Zip Code)	Telephone Number (With Area Code)	MM/DD/YY to MM/DD/YY

13. Do you now hold or have you ever been issued a license, certification, or registration as a body art technician issued by a city, county, or other state? ____ Yes ____ No (This section **MUST** be completed if you are applying for a license by reciprocity through out-of-state credential.)

If yes, please identify the state(s), the current status, the date(s) of issuance and any identification number(s) used in relation to your permit, license or other credential. Use page 4 and additional sheets if necessary.

State	Current Status	Date of Issuance	ID#s

14. For each jurisdiction in which you hold or have held a credential as a body art technician, you must submit the form "Body Art Technician Verification of Credential" (included in your application packet). Mail the form to the state credentialing board or agency with any required fees, and request that they send the completed form directly to the Health Occupations Program of the Minnesota Department of Health. The forms **must** have original signatures. Copies and faxes of signatures are unacceptable. You may photocopy the form, if additional forms are needed. If the verifying agency does not use the verification form, you must request a letter from the appropriate person in the state which provides the following information: your name, date of issuance of your credential, date of expiration of your credential, credential number, current status of your credential, and an affirmative statement about whether any discipline is pending or has been taken against you. Verification letters should be sent to: Minnesota Department of Health, Health Occupations Program, Body Art Technician Licensing, PO Box 64882, Saint Paul, MN 55164-0882.

Date you requested the verifications described above: _____.

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15. Is action being taken against you or has action ever been taken against you or your legal authorization to practice body art in this or any other jurisdiction either through denial of application, revocation, suspension, restrictions, limitations, conditions, reprimand, civil penalty, or any other means (including Stipulation and Consent Orders and Determinations)? _____ Yes _____ No

If you answered yes, explain the reason for the action, action taken, dates, and the authority in possession of your record. Use page 4 and additional sheets if necessary.

16. Have you been convicted, within the last five years, of a felony or misdemeanor which relates to the body arts or which involved an essential element of dishonesty? _____ Yes _____ No

If yes, give a statement supplying full details including the crime(s) of which you were convicted, date(s), name(s) and location of court(s) and case number(s). Use page 4 and additional sheets if necessary.

APPLICANT AFFIRMATION:

The information I have provided in this application is true and accurate to the best of my knowledge and belief. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B.

Signature

Date

Additional Information:

Please use the space below to complete answers only when there is insufficient space following the questions on the preceding pages. If you use additional pages, please sign and date each page.

Question Number

Answer

Signature (required only when using this space to complete answers)

Date