

Health Occupations Program PO Box 64882 Saint Paul, MN 55164-0882 (651) 201-3731 TDD: (651) 201-5797 For office use only

(rev.070110)

# Minnesota Body Art Technician License Application

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Minnesota Statutes, Chapter 146B requirements for licensure. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed, the application data (except SSN) becomes public. Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your gualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

#### Please type or print legibly in black or blue ink (pencil is not acceptable)

- A. Application is for License as (check one only): \_\_\_\_Tattooist; \_\_Piercer; \_\_\_Dual
- B. Are you applying for a license by reciprocity? \_\_\_\_Yes \_\_\_\_No (If yes, you <u>MUST</u> complete questions 13, 14 & 15)

### General Information:

1.	Name								
		(Last)		(First)	(Mic	ddle)			
2.			d another name under v ining or experience? ames(s) used.			ning your application	, including		
3. а.	a.	Home Address (Street address: PO Box is not acceptable as home address)							
		(City)		(State)	(Zip)	(County)			
	b.	Home Telephone _	(Area Code)		(Number)				
	c.	E-mail Address	. ,		. ,				

Applicant Name

a.	Current Employer:							
b.	Employer Address:							
	(Street address: PO Box is not acceptable as employer address.)							
	(Ci	ity)	(State)	)	(Zip)	(County	)	
C.	Employer T	elephone Numbe	er					
	. ,	·		(Area Code)	(Number)			
d.	Fax Numbe	r						
		(4	Area Code)	(Number)				
	Other Addre		draga		(Stata)	(7in)	(Country)	
		(Sireer ad	uless)	(City)	(State)	(Zip)	(County)	
							I, subdivision 2).	
		Home		Employer	Othe	er		
a.	Male	_ Female	; b. Da	ate of Birth				
c.				lose a copy of on	e of the following	documents	and check the type	
						card:		
Drivers license; Valid Passport								
					_ Other (describe	:)		
		Military ID c	ard issued by	US DOD;				
	subdivision	4; SSN informati	on does <u>not</u> be	ecome public info	rmation upon issu	uance of lice	nse.)	
ofess	sional Backg	round:						
	a. Na	me of Supervisir	ng Technician:					
	b. Es	tablishment Whe	ere You Worke	d:				
	c. Da	tes You Worked	at That Establ	ishment: From		_; To		
	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:       Newspaper articles         W2 forms issued by employers       Newspaper articles       Business cards         Proof of active membership in professional organizations       Income Tax filings         Awards received       Other (Explain)							
	b. c. d. a. c.	b. Employer A (Ci c. Employer Tr d. Fax Numbe Other Addre Please circl NOTE: This a. Male c. Proof you a of documen  Social Secu subdivision ofessional Backg Proof you h are applying you comple a. Na b. Es c. Da Request fo 10, until Jar have perforn Use page 4 a. Are b. If y	<ul> <li>b. Employer Address:</li></ul>	<ul> <li>b. Employer Address:</li></ul>	<ul> <li>Employer Address:</li></ul>	b.       Employer Address:         (City)       (State)       (Zip)         c.       Employer Telephone Number       (Area Code)       (Number)         d.       Fax Number       (Area Code)       (Number)         d.       Fax Number       (Area Code)       (Number)         Other Address       (Street address)       (City)       (State)         Please circle the address at which you would like to receive correspondence and the address will be disclosed to any requestor (Minnesota Statutes,	b.       Employer Address:         (City)       (State)       (Zip)         (City)       (State)       (Zip)         (City)       (State)       (Zip)         (County)       (Area Code)       (Number)         (Area Code)       (Number)       (Area Code)         (Area Code)       (Number)       (Area Code)       (Number)         (Area Code)       (Number)       (Zip)       (Zip)         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 13.4'         Home       Employer       Other         a.       Male Female; b. Date of Birth	

Applicant Name\_

- 11. <u>**Training**</u>: 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? <u>Yes</u> No (This section <u>MUST</u> 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 <u>directly</u> to the Health Occupations Program of the Minnesota Department of Health. The forms <u>must</u> 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: \_\_\_\_\_

Applicant Name\_

15. Is action being taken against you or has action ever been taken against you or your legal authorization to practice body art in <u>this or any other jurisdiction</u> 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)