



Body Art Licensing
 Health Occupations Program
 PO Box 64882
 Saint Paul, MN 55164-0882
 Phone: (651) 201- 3731

Body Art Licensing
 Program
 Verification of Credential

APPLICANT INSTRUCTIONS: This form is provided to you to obtain verification of credential(s) you hold, or held, in this or another state. Credentials that must be verified are credentials in the body arts issued by a state agency. After completing Part I, you must send this form, including any required fees, to the agency in the state which issued the other credentials you hold. **Do not send this form to the Minnesota Department of Health.** If you have any questions, please call the Health Occupations Programs at (651)201-3731.

PART I. To be completed by Applicant

Applicant, please complete the top portion only and send this form to the body art-related board, or agency, in the state(s) from which you are or have been licensed, certified, or registered.

Applicant Name: _____

Address: _____

SSN: _____
 (Voluntary)

Date of Birth: _____

I HEREBY AUTHORIZE the Commissioner of the MINNESOTA DEPARTMENT OF HEALTH or the Commissioner's designee to obtain, and authorize the person to whom this authorization is presented to release, any and all information contained in the license, certification, registration, or other credentialing records in this or any other state where I hold or have held a credential as a body art practitioner.

 Signature of Applicant

 Date

PART II. To be completed by the State board or agency

The individual listed above has applied for licensure in Minnesota as a Body Art Technician. We prefer that this form be completed, however, if a letter or other form is sent, it must contain all information requested in this form. **Please send this form, or the information requested, to the address listed above.**

Name on credential, if different from above: _____

State: _____

Credential # _____

Type of Credential: _____

Date of Original Issue: _____

Applicant's Registration/Certification/License is:

1. Current; Expiration Date: _____

2. Inactive Expired

3. If inactive or expired, date licensed became inactive or expired: _____

Explain: _____

Continued other side

4. **Registration/Certification/License was obtained by:** ___Reciprocity; ___Grandfathering; ___Other
5. **Action taken or pending against applicant's registration/license:** ___No disciplinary action taken or pending; ___Disciplined; ___Suspended; ___Revoked; ___Invalid
6. **Is or was there any derogatory information concerning this applicant?** ___Yes ___No

If yes, please explain: _____

COMMENTS:

I certify that the information contained in this Body Art Technician Verification of Credential is true in every respect in accordance with the records on file with:

_____ (State and Official Name of Board/Agency)

_____ Executive Officer/Official

SEAL

_____ Title

_____ Date

(PLEASE RETURN THIS FORM TO THE ADDRESS ON FRONT PAGE)

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes, section 13.04, subdivision 2, and section 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health will use information provided in your application to determine if you meet Minnesota Statutes, Chapter 146B, requirements for licensing. 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 social security number, becomes public. Information submitted to the Commissioner in your license 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 they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, 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.