

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

Reinstatement/ Lapse License Request
(WITHIN THE 90 DAY SUSPENSION PERIOD-After March 1)

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

1. 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 of all forms of documentation submitted as proof of previous experience.
2. Pre-Licensure Petition application
3. If applicable, documentation of any additional training in body art completed since Arkansas license lapsed.
4. The Body Art Program will conduct a review of the artist's Arkansas file to ensure a 6-month artist in training/apprenticeship was successfully completed.
5. Upon receipt and approval of all requirements, a reinstatement fee of one hundred dollars (\$100) and all overdue licensing fees will be required.
6. The written exam must be completed and passed after submission of the completed application and required fees. Additionally, the applicant must complete and pass a practical exam conducted at the studio where the artist is licensed, a currently licensed body art establishment in Arkansas, or another Department-approved facility.
7. Upon notification of a passing score on the written exam a license will be issued.

Please make sure information is legible.

Required items:

1. A completed Reinstatement/Lapse License Request (this form)
2. All documentation listed above.
3. Current Blood Born Pathogen (BBP)
4. Scarification Artists, proof of current CPR and first aid certification
5. A legible copy of your driver's license.
6. Pre-Licensure Petition

Licensure information:

First Name	Middle Name	Last Name	
Maiden Name (If Applicable)	Email	Phone Number	
Address	Apt#	City	State Zip Code

Name as shown on last license issued to you:

First Name		Middle Name		Last Name	
Maiden Name (If Applicable)		Type of Previous License			
Date of Birth	SSN (Required)	Month & Year of Original Licensure		Year Last Licensed	
List all possible last names					

Reinstatement/ Lapse License Request

School Information:

Name of School/City/State
Additional training completed since original licensure (If applicable)

By signing this form, I affirm that all information provided is true and accurate 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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Pre-Licensure Criminal Background Check Petition

Pursuant to Act 990 of 2019, submit form to request the Department of Health to make a determination about whether your criminal background precludes you from licensure for Body Art, Permanent Cosmetics, or Massage Therapy.

Contact Information:

Last Name	First Name (no nickname)	Middle Name			
Date of Birth	Social Security Number			Body Art ____ Permanent Cosmetics ____ Massage Therapy ____	
Telephone Number	Email Address (REQUIRED)				
Address	Apt. #	City	County	State	Zip Code

Criminal Record Information

Charge (ATTACH DISPOSITION):	Felony _____ Misdemeanor _____	Date of Conviction:
Sentence:	Completion Date of Sentence:	
Charge (ATTACH DISPOSITION):	Felony _____ Misdemeanor _____	Date of Conviction:
Sentence:	Completion Date of Sentence:	

**Please use additional sheet for additional criminal records.
 Should the disposition not be included your application can not be processed**

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____