

ARKANSAS DEPARTMENT OF HEALTH
BODY ART SECTION
4815 WEST MARKHAM, SLOT 8
LITTLE ROCK, AR 72205
(501) 661-2606

New Private Postsecondary Body Art Institution Requirements

INSTRUCTIONS

(1) Any person, firm or corporation seeking to open a new body art institution shall submit an application to the Body Art Section office and receive approval from the Department. The application shall be accompanied by the following information:

(A) Completed application provided by the Department and available on the Department's website at healthy.arkansas.gov.

(B) Detailed floor plans of the proposed institution showing adequate floor space.

(C) A current financial statement prepared by a certified public accountant.

(i) If the financial statement is more than 180 days old, an applicant must also provide a supplemental financial statement within 180 days of the application.

(ii) The applicant must demonstrate that it has the financial resources to ensure continuity of operation of the institution, provide a quality educational program, and fulfill its obligations to students for at least 12 months, without relying on student tuition, work history and resume of the owner.

(D) List of proposed equipment to accommodate all student applicants for any combination of body art.

(E) Instructor Form for Instructors shall be completed listing detailed information such as Instructor's education, previous work experience, etc.

(F) Correspondence from the Planning and Zoning Board certifying that the area which the proposed institution is to be located is properly zoned for this type of business.

(G) If applicable a statement certifying that the owner(s) of the proposed institution shall provide not less than:

(i) four hundred (400) hours of supervised body art work (including at least one hundred fifty (150) hours of hands-on techniques training) in a period not less than six (6) months or more than twenty-four (24) months for all students enrolled;

(ii) three hundred seventy-five (375) hours of supervised branding work (including at least one hundred fifty (150) hours of hands-on techniques training) in a period not less than six (6) months or more than twenty-four (24) months for all students enrolled; or

(iii) Additional fields of body art may be added by completing two hundred fifty (250) hours of supervised work (including at least one hundred (100) hours of hands-on techniques training) in other fields in a period not less than four (4) months after completion and licensure for the initial field of study

(H) The owner shall file a statement designating the name and address of the person who is authorized to accept service of notice from the Department and to transact all business negotiations on behalf of the proposed institution including answers to citations and/or hearings, and compliance with rulings issued by the Department and/or Cosmetology Technical Advisory Committee.

(I) Samples of all forms to be used in the institution including but not limited to:

- (i) attendance record;
- (ii) sign-in sheets;
- (iii) student time sheets/card;
- (iv) contracts;
- (v) daily activity check list; and
- (vi) progress cards.

(J) The required registration fee.

(K) Proof that each student enrolled has a high school diploma or its equivalent.

(L) Proof that the institution adopts and discloses to the students the complaint process outlined in Rule 11.

(2) When the above information is received in full the Department will conduct the initial inspection described in Rule 8.9

(3) When the institution application and initial inspection meets all requirements, the

Department will notify the applicant to proceed with school preparations and advertisement for student permit applications, pending the final inspection described in Rule 8.10.

ARKANSAS DEPARTMENT OF HEALTH
 BODY ART SECTION
 4815 WEST MARKHAM, SLOT 8
 LITTLE ROCK, AR 72205
 (501) 661-2606

New Private Postsecondary Body Art Institution Requirements

File this application along with the \$150.00 non-refundable fee.

INSTITUTION INFORMATION

INSTITUTION			TELEPHONE NUMBER	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
EMAIL ADDRESS (REQUIRED)	COURSES OFFERED			
	PERMANENT COSMETICS		TATTOO	PIERCING

OWNER INFORMATION - If Sole Proprietorship or Partnership list the name, mailing address, and phone number for the owner(s).

OWNERSHIP INFORMATION	SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	LLC
OWNER NAME			TELEPHONE NUMBER	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
SOLE PROPRIETORSHIP OR PARTNERSHIP			TELEPHONE NUMBER	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE

CORPORATION INFORMATION - If a Corporation, list the exact name of the Corporation, names, mailing address and phone number of the President, Secretary, and Agent of Service of the Corporation.

NAME OF CORPORATION			TELEPHONE NUMBER	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
PRESIDENT'S NAME and ADDRESS			TELEPHONE NUMBER	
SECRETARY'S NAME and ADDRESS			TELEPHONE NUMBER	
AGENT OF SERVICE NAME and ADDRESS			TELEPHONE NUMBER	

OWNER'S SIGNATURE	TODAY'S DATE
-------------------	--------------

INSTITUTION SUPERVISOR FORM

- 1) Every institution shall at all times be in charge of and under the immediate supervision of the Institution Supervisor.
 - 2) The Institution Supervisor must be currently licensed as an instructor.
-

SUPERVISOR'S NAME _____ **Phone #** _____

EXPERIENCE RECORD: (Experience that qualifies for Supervisor Position)
EXPERIENCE (Employment date state Months and Years)

Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
-----------------	-----------	------	-------	---------	-------------------

Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
-----------------	-----------	------	-------	---------	-------------------

Employer's Name	Shop Name	City	State	Phone #	Emp Dates Beg/End
-----------------	-----------	------	-------	---------	-------------------

INSTRUCTOR EXPERIENCE (Employment date state Months and Years)

Employer's Name	Institution Name	City	State	Phone #	Emp Dates Beg/End
-----------------	------------------	------	-------	---------	-------------------

Employer's Name	Institution Name	City	State	Phone #	Emp Dates Beg/End
-----------------	------------------	------	-------	---------	-------------------

Employer's Name	Institution Name	City	State	Phone #	Emp Dates Beg/End
-----------------	------------------	------	-------	---------	-------------------

CERTIFICATION

I, _____, do hereby certify that the employment record contained on this form is an accurate record of my employment history.

DATE: _____ SUPERVISOR'S SIGNATURE _____

I, _____, d/b/a _____ do hereby certify that the above-named individual is under my employment in the capacity of INSTITUTION SUPERVISOR.

DATE: _____ OWNER'S SIGNATURE _____

**ARKANSAS DEPARTMENT OF HEALTH
BODY ART SECTION
AUTHORIZED DESIGNEE CERTIFICATION**

I, _____, d/b/a _____
OWNER'S NAME INSTITUTION NAME

do hereby designate and authorize _____ to accept service of notice
DESIGNEE'S NAME

from the Department and to transact all business negotiations on behalf of the institution , including answers to citations for

hearing, and compliance with rulings issued by the Department.

DATED THIS _____ DAY OF _____, 20_____.

OWNER/ADMINISTRATOR'S SIGNATURE

DESIGNEE'S SIGNATURE

ARKANSAS DEPARTMENT OF HEALTH
BODY ART SECTION
4815 WEST MARKHAM, SLOT 8
LITTLE ROCK, ARKANSAS 72205
(501) 661-2606

NAME OF INSTITUTION : _____

ADDRESS OF INSTITUTION : _____

INSTITUTION SCHEDULE

HOURS OF OPERATION

M _____
T _____
W _____
T _____
F _____
S _____

THEORY CLASS SCHEDULE

M _____
T _____
W _____
T _____
F _____
S _____

I ALSO HAVE IN MY INSTITUTION A TIME CLOCK FOR KEEPING ACCURATE TIME RECORDS FOR STUDENTS (yes) _____ (no) _____. IF ANSWER IS NO, PLEASE EXPLAIN: _____

Signature of Owner and/or Instructor

Date