



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services / Consumer Protection Division
1000 NE 10th St. Oklahoma City, OK 73117
Telephone: (405) 271-5243
Fax: (405) 271-3458

**TATTOO & BODY PIERCING SPONSOR
Application**

Please Select One: Body Piercing Sponsor Tattoo Sponsor

APPLICATION REQUIREMENTS:

- Hold a current Oklahoma license in sponsoring category (as documented on file with OSDH)
- Hold current Bloodborne Pathogen, CPR, and First Aid certifications (as documented on file with OSDH)
- Submit documentation of at least five (5) years as a licensed artist in the sponsoring category
- Submit a copy of curriculum as required by 310:233-9-6

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____
First MI Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

PROGRAM INFORMATION

Artist License # _____

Shop Name: _____ Shop License # _____

Shop Address: _____

Have you ever submitted an application to become a sponsor prior to this application? Yes No

If yes, date of prior application: _____

NOTE: The curriculum must cover at least 1500 hours of material as specified by 310:233-9-6, to be taught over no less than one (1) year and no more than two (2) years. After completion of the curriculum, your apprentice will be eligible to apply for an apprentice license. The apprentice license allows your apprentice to perform procedures ONLY under the direct supervision of you, the approved sponsor.

A sponsor may have no more than one (1) apprentice working on the curriculum at a time.

A sponsor may have no more than one (1) apprentice working under direct supervision with an apprentice license at a time.

If your apprentice is terminated prior to the completion of the curriculum or the apprentice license, it is the responsibility of you, the sponsor, to notify this Department within fourteen (14) days.

I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

(Please retain a copy of the completed application for your records.)

FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

Sanitarian

Signature: _____ **Date:** _____

RS#