

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Consumer Health Services  
Consumer Protection Division  
PO BOX 268815  
Oklahoma City, OK 73126-8815  
Telephone: (405) 271-5243  
FAX: (405)271-3458

FOR OFFICE USE  
Date: \_\_\_\_\_  
Approved: \_\_\_\_\_

**MEDICAL MICROPIGMENTATION RECIPROCITY APPLICATION**

PRINT OR TYPE

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

If you ever have been known, by any other names, please list these names: \_\_\_\_\_

If change was made by court order, enclose herein a Certified Copy of such order.

If married woman, give maiden name \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone ( ) ( ) ( ) Home Work Mobile/Cell City State Zip  
DOB: / / Sex: M F  
AGE \_\_\_\_\_

**CERTIFICATION REQUIREMENTS**

An individual shall be eligible to apply for a certificate to practice medical micropigmentation by satisfying all of the following criteria. Applicant shall:

- (1) provide his/her high-school diploma or its equivalent and high school phone # ( ) \_\_\_\_\_;
- (2) be at least twenty-one years of age;
- (3) provide a notarized copy of applicant's certificate of birth;
- (4) provide a notarized copy of applicant's driver's license or other state approved identification;
- (5) provide a notarized copy of applicant's credentials (documents, diplomas, certificates or transcripts), which provide proof of successful completion of an OSDH-approved medical micropigmentation training course. Materials provided by applicant are **not acceptable**, but must be provided by the primary or secondary source verification. —*Note the definition of Primary and Secondary Source Verification at the conclusion of this document;*
- (6) provide professional resume that documents two (2) years of practice and two hundred (200) procedures;
- (7) provide a Verification Form documenting successful completion of written skills area evaluation; and
- (8) pass OSBI background check.

**CITIZENSHIP/IMMIGRATION STATUS:**

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal Law, check the appropriate box below, which indicates your Citizenship/Immigration status.

- |   |  |
|---|--|
| <input type="checkbox"/> A. A United States citizen or national.  | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section of 243(h) of the Immigration and Nationality Act.   |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United State.   | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203(a) (7) of the Immigration and Nationality Act as in effect prior to April 1980.   |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.   | <input type="checkbox"/> H. Non Immigrant (Temporarily in U.S.): Please list Visa type or Immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:<br>_____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.  |  |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212(d)(5) of the Immigration and Nationality Act for a period of at least 1 year. |  |

If you check any of the boxes from B/H, enter your alien registration number or control number issued by the Immigration and Naturalization Service in this space \_\_\_\_\_

INS number

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS, UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE IMMIGRATION AND NATURALIZATION SERVICE (INS) AT: 1-800-375-5283.**

**CONTINUED ON BACK**

**SUPERVISING PHYSICIAN INFORMATION**

Supervising Physician's Name: \_\_\_\_\_  
Office Name of Supervising Physician: \_\_\_\_\_  
Supervising Physician's Address: \_\_\_\_\_  
City State Zip  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Have you ever been convicted of or pled guilty or nolo contendere to a felony or a misdemeanor involving moral turpitude in any federal, state, territory or District of Columbia court? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had health related license, certificate or permit suspended, revoked or not renewed or had any other disciplinary action taken, or had an application for a health related license, certificate, or permit refused by a federal, state, territory, or District of Columbia regulatory authority? Yes \_\_\_\_\_ No \_\_\_\_\_

List residences where you have lived for the past five years, but not more than two residences.

Street Address	City	State	From: Mo. & Yr.	To: Mo. & Yr.

**CERTIFICATION FEES**

New application for certification is **\$500.00**. Renewal of certification is **\$100.00**. Reinstatement of certification if the renewal of the certification is 30 days or more after the expiration date is **\$375.00**. Replacement of a certificate is **\$125.00**.

I certify that the information given on this application and the documentation provided is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Applicant's Signature

**DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY**

**PRIMARY AND SECONDARY SOURCE VERIFICATION**

**Primary Source Verification:** Primary Source Verification is documented verification by an entity that issued a credential, such as a medical school or residency program, indicating that an individual's statement of possession of a credential is true. Verification can be done by mail, fax, telephone, or electronically, provided the means by which it is obtained are documented and measures are taken to demonstrate there was no interference in the communication by an outside party. Primary sources include:

- Certifying Boards\**
- Dental Schools*
- Medical Schools*
- Nursing Schools*
- Physician Assistant Schools*
- Federation of State Medical Boards*
- Approved OSDH-Medical Micropigmentation Training course*

\*These sources are for verification of Board Certification only, not education or training.

**Secondary Source Verification:** Secondary source verification is documented verification of a credential through obtaining a verification report from an entity listed below as acceptable on the basis of that entity having performed the primary source verification. Information received from any of these sources must meet the same transmission and documentation requirements as outlined above for primary sources. Currently acceptable secondary sources include:

- American Association of Nurse Anesthetists*
- Specialty boards of the American Board of Medical Specialties*
- Specialty boards recognized by the American Dental Association*
- American Osteopathic Association Master Profile*
- American Nurse Credentialing Center*
- National Commission on Certification of Physician Assistants.*
- Another health care organization, such as a hospital group practice or approved OSDH Medical Micropigmentation training course, that has carried out primary source practice or acceptable secondary source verification, provided it supplies directly, without transmission or involvement by the applicant or another third party, original documents or photocopies of the verification reports it has relied upon. A statement that it has performed verification is not sufficient.*

**Documents, diplomas, certificates or transcripts provided directly by the applicant rather than by the primary or secondary sources are not acceptable.**

[Source: AAAHC Accreditation Manual 2003]

