

FOR OFFICE USE ONLY

Tattoo/Body Piercing Checklist

- App. & Fee
- Date: _____ Check _____
- Birth Certificate
- Photo
- SSN
- Lic. Verification from other States
- BCI
- Examination
- CPR
- Bloodborne Pathogens



FOR OFFICE USE ONLY

Application Approved:
License Number:
Issue Date:
Program Supervisor Initials:
ID#:
Receipt #:

**Rhode Island
Department of Health**

Room 306
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

License # _____
Name _____

- Tattoo Artist
- Body Piercing Technician

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2566

TTY/TDD: (800) 745-5555

LICENSURE REQUIREMENTS

- Completed, Notarized Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$90.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- A passport-type 2 x 3 inch photograph, taken within 1 year
- Birth Certificate (**official certified copy**), or if born outside the United States, proof of citizenship, lawful alien status or legal entry.
- Practical Examination Results - Rhode Island Department of Health
- Original** BCI (Background Check) with stamp and seal directly from the RI Attorney General's Office or Local Police Department. Applicants are responsible for all costs incurred in this process.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose.

VERY IMPORTANT!

UPON COMPLETION OF THE APPLICATION, YOU MUST CONTACT THE OFFICE OF FACILITIES REGULATION (401-222-2566) TO SCHEDULE AN APPOINTMENT FOR THE REQUIRED RHODE ISLAND DEPARTMENT OF HEALTH PRACTICAL EXAMINATION FOR TATTOO ARTIST OR BODY PIERCING.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. Training Please describe the type of training & experience you have completed that qualifies you for this license	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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9. Other State License(s) Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter all other state licenses in Question 10 (below):
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10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table style="width:100%;"> <tr> <td style="width:50%;">State/Country: _____</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> <td style="width:50%;">State/Country: _____</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> </table> <p>DOCUMENTATION NEEDED for Other State Licenses: YOU must send an “Interstate Verification Form” (See page 6) to each state in which you are, or ever have been, licensed as a Tattoo Artist or Body Piercer (Make copies as needed).</p>	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														
_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														
_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														

11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance): _____ _____ _____
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	Month	Year
_____	□ □	□ □
_____	□ □	□ □
_____	□ □	□ □

12. Disciplinary Questions Check either Yes or No for each question.	1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border-top: 1px dashed black;"/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: If you answer “Yes” to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use a separate sheet of paper. Any applicant, whose criminal records check reveals a conviction for any sexual offense, shall be denied a license.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a **Tattoo Artist Body Piercer (please circle the type of license that you are applying for)** in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Notary Seal

Notary No/Commission No. _____

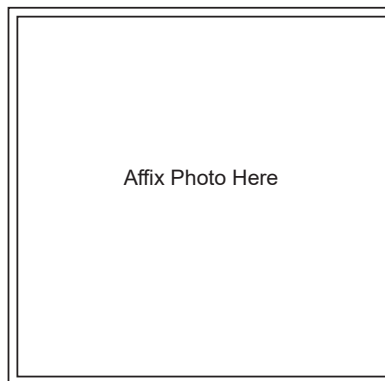
Commission Expiration Date (MM/DD/YY) _____

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph



Rhode Island Department of Health (Tattoo Artists/Body Piercers)

Substitute forms are not acceptable, copy this form as needed.

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Tattoo Artist or Body Piercer in the State of Rhode Island. The Rhode Island Department of Health requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Department of Health at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE TATTOO/BODY PIERCING BOARD

Training Completed:	Location:	Completion Date:
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name and State of Licensing Board	



Please return directly to the Department of Health at the above address. Thank you for your prompt cooperation.