

Dear Applicant:

Thank you for your interest in obtaining a license as a body artist in Nebraska. Prior to submitting your application for licensure, it is important that you be aware of certain aspects of the application process. We hope this information is helpful to you. If you have further questions regarding the application process, please contact Inna Karpyuk at 402-471-4359 or [inna.karpyuk@nebraska.gov](mailto:inna.karpyuk@nebraska.gov)

**Licensure Requirements:** No person shall perform any of the practices of body art or display a sign to, or in any other way, advertise or purport to be engaged in the business of practicing body art unless such person is licensed by the department. An applicant for licensure in any of the practices of body art shall show to the satisfaction of the department that the applicant:

- (a) Is at least 18 years of age;
- (b) Has completed formal education equivalent to a United States high school education;
- (c) Has submitted evidence of training or experience prescribed or approved by the board to ensure the protection of the public in performing the practices of body art for which the applicant is seeking licensure. Such training must include an examination which includes: Sanitation; Safety (including emergency procedures); Infection control including cross contamination and barrier control; and Sterilization including use of an autoclave; and
- (d) Is of good character; and
- (e) Is a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**NOTE:** If you plan to practice in Nebraska, You must practice in a Nebraska Department of Health and Human Services **licensed** body art facility. Facility applications can be obtained via the internet at: [http://dhhs.ne.gov/publichealth/Pages/crl\\_mhcs\\_bodyart\\_bodyart.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_bodyart_bodyart.aspx)

### **Application Processing:**

Due to the high volume of applications received in our office each day, **we cannot provide same day processing and issuance of licenses.** Additionally, applications from individuals who may have misdemeanor or felony convictions, must be reviewed by the Board for recommendation of licensure; the Board meets the first Monday of each month.

In order that we may provide the best possible and equitable service to all of our customers, all applications and requests regarding credentials will be processed in date order received. You will be contacted within 30 days following our receipt if we need additional information from you.

You may submit applications and fees by using one of the following methods – we are unable to accept credit/debit cards:

1. Send by standard mail to the address denoted on the application
2. Hand deliver to the Licensure Unit at the Nebraska State Office Building, 301 Centennial Mall South – 1<sup>st</sup> Floor, Lincoln, NE, between 8am and 5pm.

How can you help reduce delays?

- Read and review the regulations for your profession before you submit the application
- Read the application carefully
- Answer all questions
- Sign and date the application
- Attach the correct fee as noted on the application
- Include and/or request required documents. (Note: Some documents may need to be sent to our offices from their original source).

**Required Documents:** In order for your application to be considered complete, all applicants **MUST** submit a copy of the following documents:

1.  Age: Evidence of at least 18 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  Citizenship/Lawful Presence Information: You must submit a **copy** of at least one of the following documents:  
(Please provide a Photocopy rather than your original document)
  - (a) A U.S. Passport (unexpired or expired);
  - (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
  - (c) An American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
  - (d) A Certificate of Naturalization (N-550 or N-570);
  - (e) A Certificate of Citizenship (N-560 or N-561);
  - (f) Certification of Report of Birth (DS-1350);
  - (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (h) Certification of Birth Abroad (FS-545 or DS-1350);
  - (i) A United States Citizen Identification Card (I-197 or I-179);
  - (j) A Northern Mariana Card (I-873);
  - (k) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
  - (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (m) A document showing an Alien Registration Number ("A#"), **an Employment Authorization Card/Documents is NOT acceptable**; or
  - (n) A Form I-94 (Arrival-Departure Record);

Continued on page 2

3.  Education: You must submit a copy of your High School diploma, GED or Equivalent Educational document;
4.  Training: You must submit a copy of your Bloodborne Pathogen Training and Basic First Aid Training certificates;
5.  Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charges and disposition;
  - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) If treatment was obtained and/or required, all addiction/mental health evaluations and proof of treatment (if the conviction involved a drug and/or alcohol related offense); and
  - (d) If you are currently on probation, a letter from the probation officer addressing probationary conditions and current status.

On the application you are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list and is only intended as examples of convictions:

<ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Bad Check</li> <li>• Fireworks</li> </ul>
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Convictions are also delineated in Neb. Rev. Stat. Chapter 28

6.  Other Credentialing Information: If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential; and  Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
7.  Fee: The required fee (see fee chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**STATE OF NEBRASKA**

DIVISION OF PUBLIC HEALTH – Licensure Unit  
 P.O. Box 94986, Lincoln, Nebraska 68509-4986  
 402-471-4359 [inna.karpyuk@nebraska.gov](mailto:inna.karpyuk@nebraska.gov)

**Body Art License Application**

<b>Mark the Appropriate Box(s) Below for each License(s) You are Making Application:</b>			
<input type="checkbox"/> Body Brander	<input type="checkbox"/> Permanent Color Technician		
<input type="checkbox"/> Body Piercer	<input type="checkbox"/> Tattoo Artist		

**NOTE:** If you plan to practice in Nebraska, You must practice in a Nebraska Department of Health and Human Services **licensed** body art facility. Facility applications can be obtained via the internet at:  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_mhcs\\_bodyart\\_bodyart.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_bodyart_bodyart.aspx)

<b>SECTION A – PERSONAL INFORMATION</b>					
<b>All mailings will be sent to the address you indicate below; be sure to advise this office of any address changes.</b>					
1	Legal Name	First:	Middle/MI:	Last:	
	Maiden Name	Name:	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:			
		City:	State or Country:	Zip:	
3	Date of Birth: (You must be at least 18 years of age)	Month/Day/Year:	Place of Birth: City/State or Country		
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. <i>Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</i>					
5	Phone #: (optional)		Fax #: (optional)	E-Mail Address: (optional)	

To provide evidence of your date of birth and lawful presence in the United States, you must submit a **copy** of at least one of the following documents: (Please provide a Photocopy rather than your original document)

- (a) A U.S. Passport (unexpired or expired);
- (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
- (c) An American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
- (d) A Certificate of Naturalization (N-550 or N-570);
- (e) A Certificate of Citizenship (N-560 or N-561);
- (f) Certification of Report of Birth (DS-1350);
- (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
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- (k) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (m) A document showing an Alien Registration Number ("A#"), **an Employment Authorization Card/Documents is NOT acceptable**; or
- (n) A Form I-94 (Arrival-Departure Record);

**SECTION B - LICENSE FEES** (See Chart Below) Determine the month and year in which your license will be issued.

**If you are requesting more than 1 license, you must pay the following fees for each license requested.**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	25.00	25.00	25.00
Odd Numbered Year	25.00	25.00	25.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00

**Make Fee payable to:** Licensure Unit

**SECTION C - EDUCATION**

1. High School, GED, or Equivalent:  <b>Note:</b> You must submit a copy of your Educational Document.	Check the appropriate box: <input type="checkbox"/> High School <input type="checkbox"/> GED Name of school: _____  <input type="checkbox"/> Equivalent – List type of education completed: _____
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**SECTION D - TRAINING**

To qualify for licensure, you must have completed at least 4 hours of training within 3 years immediately prior to this application. List below the training, provider, and date of training completed:

- BLOODBORNE PATHOGEN TRAINING:** At least 2 hours of Bloodborne Pathogens (disease) training, which includes sanitation, infection control and sterilization. An examination is required as a condition of completing this training.

**The examination must include:**

- Sanitation;
- Safety (including emergency procedures);
- Infection control including cross contamination and barrier control; and
- Sterilization including use of an autoclave.

Name of Bloodborne Pathogen Training Provider	Date of training	Hours completed

**NOTE:** You must attach verification of completion of the above training.

- BASIC FIRST AID** class which teaches participants how to:

- Recognize emergency situations;
- Check the scene and call for help;
- Avoid bloodborne pathogen exposure;
- Care for wounds;
- Manage sudden illnesses; and
- Minimize shock.

Name of Basic First Aid Training Provider	Date of training	Hours completed

**NOTE:** You must attach verification of completion of the above training.

The bloodborne pathogen and first aid training may be obtained through any of the following:

- Nationally accredited organization;
- Local government sponsored;
- Hospital sponsored;
- College sponsored;
- OSHA (Occupation and Safety Hazards Act) sponsored; or
- Red Cross.

**SECTION E – CONVICTION AND LICENSURE INFORMATION**

**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.**

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list and is only intended as examples of convictions:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• Disorderly House</li> <li>• Reckless Driving</li> </ul> | <ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Bad Check</li> <li>• Fireworks</li> </ul> |
|--|---|

Convictions are also delineated in Neb. Rev. Stat. Chapter 28

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and complete the information requested. **NOTE:** All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application).

**Conviction Information:**

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

**NOTE:** If you have any criminal charges/license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or you may request a reporting form by telephone at 402-471-0175.

**Licensure Information:**

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Do you hold or have you held a license in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
2a	If you answer 'yes' to question 2 respond to the following question: Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

<b>SECTION F – PRACTICE PRIOR TO CREDENTIAL</b>	
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 and other action as provided in the statutes and regulations governing the credential.	
1	Have you practiced body art in Nebraska before submitting this application? (applies to practice after April 1-2005) <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div>
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:
	# of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

<b>SECTION G - ATTESTATION</b>
<p><b><u>Lawful Presence in the United States Attestation:</u></b></p> <p>For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:</p> <p><b>Please check <span style="color: red;">ONLY ONE</span> of the boxes below:</b></p> <p><input type="checkbox"/> I am a citizen of the United States; or</p> <p><input type="checkbox"/> I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or</p> <p><input type="checkbox"/> I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.</p> <p><b><u>Alien or Non-Immigrant Status:</u></b> If you are a qualified alien lawfully admitted into the United States <u>OR</u> a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:</p> <ol style="list-style-type: none"> <li>1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or</li> <li>2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or</li> <li>3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is <b><u>NOT</u></b> acceptable; or</li> <li>4. A Form I-94 (Arrival-Departure Record).</li> </ol> <p>If you are an Alien or Non-Immigrant, your credential will <b>NOT</b> be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.</p> <p><b><u>Application Attestation:</u></b> I further attest that:</p> <ol style="list-style-type: none"> <li>1. I have read the application or have had the application read to me;</li> <li>2. All statements on the application are true and complete; and</li> <li>3. I am of good character.</li> </ol> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>

**NOTE:** Licenses expire March 31<sup>st</sup> of odd numbered years (the renewal fee at that time will be \$118 per license type)

**Please** review page 1 for application processing information and a listing of documents that must accompany your application.