

APPLICATION FOR APPOINTMENT
BOARD OF COSMETOLOGY, ELECTROLOGY, ESTHETICS, NAIL
TECHNOLOGY, AND BODY ART
(TANNING FACILITY OWNER MEMBER)

PLEASE PRINT OR TYPE

Name:

First Middle Last Credentials (ie, PhD, etc., if applicable)

Mailing Address:

Street/Box/RR

City State Zip

Business Telephone _____ Cell/Pager _____ Residence Telephone _____

Email Address _____ FAX Number _____

Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings? Yes No

Please indicate how you became aware of this vacancy on this Board.

Professional Association DHHS Web Page Newspaper Other (please explain)

ELIGIBILITY REQUIREMENTS

Do you hold any current Nebraska license to practice as a body brander, body piercer, permanent color technician, or tattoo artist? Yes No

Have you been actively engaged in operation of a tanning facility for the five (5) years just preceding this application? Yes No (Active practice means devoting a substantial portion of time to rendering professional services.)

Are you an owner of a tanning facility in Nebraska? Yes No How long have you owned it? _____

Have you been a resident of the State of Nebraska for at least one (1) year? Yes No (Statutes require every member of the board shall have been a resident of Nebraska for one year and shall remain a resident of Nebraska while serving as a board member.)

Please indicate the name(s) of the tanning facility; body art facility; cosmetology salon; esthetics salon; nail technology salon; or school of cosmetology, esthetics, or nail technology with which you are affiliated:

PLEASE COMPLETE REVERSE SIDE

EDUCATION

School	Name & Location	Degree/Specialty	Completed Date

**DETAILED DESCRIPTION OF WORK EXPERIENCE AS A
TANNING FACILITY OWNER OR OPERATOR WITHIN THE LAST FIVE YEARS IN NEBRASKA**

Position Title	Location	From	To	Average # of Hours/ Week

ADDITIONAL INFORMATION

Describe your interest in tanning and skincare and what you believe you can contribute to this board.

Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? Yes No If yes, explain.

Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? Yes No

Are you currently under investigation? Yes No

Are you a veteran of the U.S. Armed Forces or National Guard? Yes No
If yes, is your military experience related to your current practice? Yes No

I swear or affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature Date

**Return completed Application to: Monica Gissler, State Board of Health,
DHHS, Division of Public Health, Licensure Unit, P.O. Box 95026, Lincoln, NE 68509-5026
402/471-6515; FAX 402/471-0383; Monica.gissler@nebraska.gov**