



Body Art Technician Licensing System – New Applicant Training

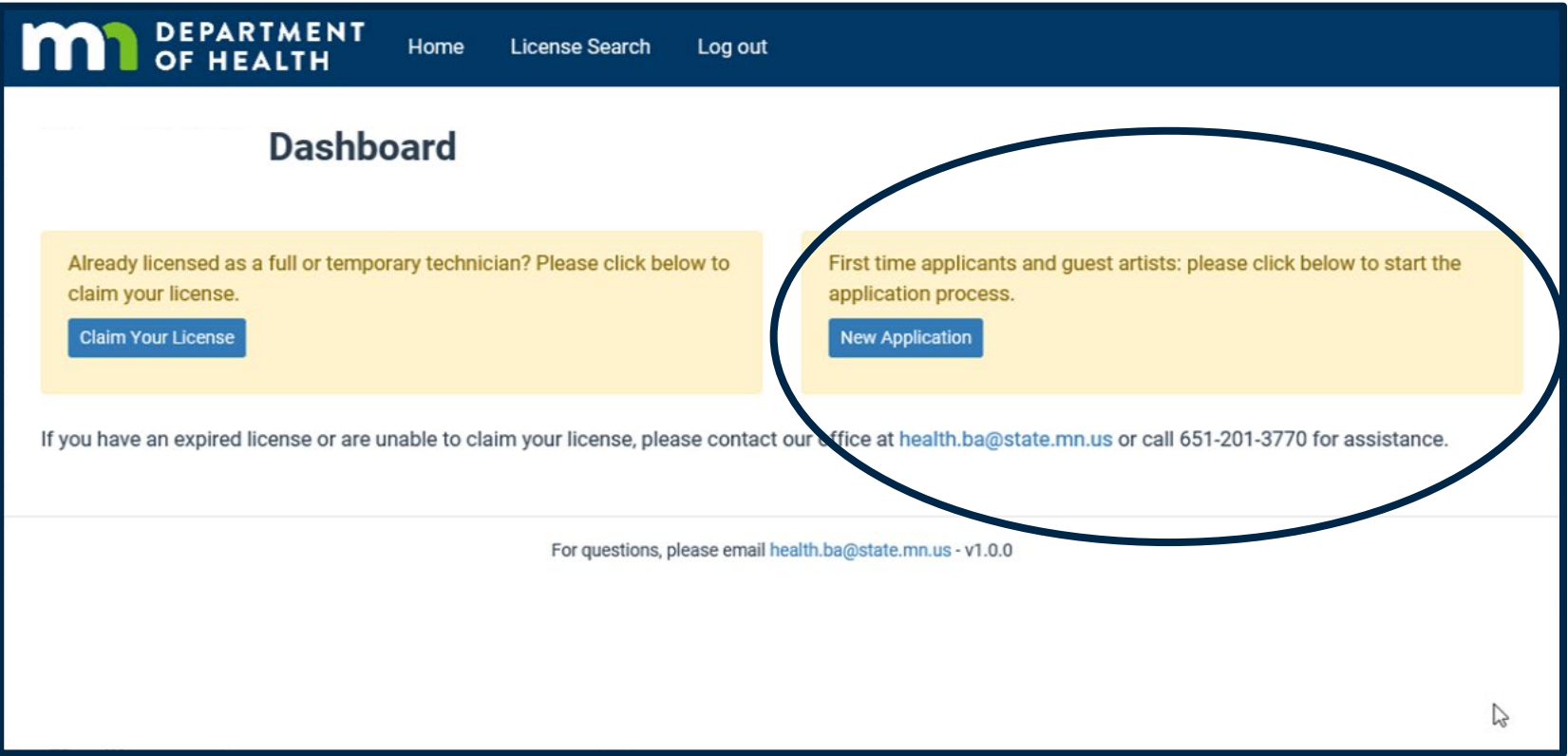
License By Reciprocity
February 2021

Learning Objectives

At the end of this presentation, a new body art technician license applicant will understand:

- How to successfully complete a license application
- How to complete the payment
- When to print the license

Begin the Application Process



Welcome to the Body Art Technician Licensing System!

Click the “New Application” button to begin the process for any new applicant.

Step 1: Select The License

1 2 3 4 5 6 7 8 9

Type of License You are Applying For?

Minnesota offers several variations of the Body Art license - what type are you applying for?

Full Technician
Apply For Full Technician

Guest Technician
Apply For Guest Technician

Temporary Technician
Apply For Temporary Technician

- Select the license for which you are applying
 - Full Technician, or
 - Guest Technician, or
 - Temporary Technician
- Specific requirements for each license are described next to the type
- Click “Next” to continue

Step 2: Regulations and Statutes

Instructions

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, Sections §13.04, Subd. 2, and §13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes Chapter 146B requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed, the application data except social security number becomes public. Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and results in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

- Read [Minnesota Statutes Chapter 146B Body Art \(opens new tab\)](#).
- Complete all questions.
- **Temporary technicians** must provide the following information:
 - Proof that you are at least 18 years old.
 - A copy of bloodborne pathogen training certificate displaying course title, credit hours and date of completion. Certificates must show that you have successfully completed a course or courses equaling a total of five hours, and covering the following topics: bloodborne pathogens, prevention of disease transmission, infection control, and aseptic technique, within the past year. You can upload more than one

- Read the Data Privacy Act notice
- Read and become familiar with the Statutes
- Click “Next” to continue

Step 3: Enter Your Information

1 2 **3** 4 5 6 7 8 9

Applicant Information - Initial Technician Application

License Type **REQUIRED**

 Tattooist
 Piercer
 Dual

Applying By **REQUIRED**

 Supervision
 Reciprocity

States approved for reciprocity: Oregon, New Mexico, ...

Please designate the address to receive correspondence from the Department regarding your license. The address you provide will be public information.

Last Name **REQUIRED** First Name **REQUIRED** Middle Name

Address Type **REQUIRED**

Preferred address for contact **REQUIRED** Preferred address

Home/Work Address **REQUIRED**

City **REQUIRED** State **REQUIRED** ZIP **REQUIRED**

- All required fields must be completed
- Provide your demographic information
 - Indicate the license type (Tattooist, Piercer, or Dual)
 - Indicate if you are applying by Supervision or Reciprocity
 - Your Name
 - Your preferred address and type (home or employer). This address will be public information.
 - More than one address may be added, but only one address can be indicated as "preferred".

Step 3: Enter Your Information

Preferred Phone **REQUIRED**

Email Address **REQUIRED**

Social Security Number **REQUIRED**

Date of Birth **REQUIRED**

Required by Minnesota Statute. 270C.72, subdivision 4

Have you ever used another name (including maiden name) under which records may be filed concerning your application, including your education, training or experience? **REQUIRED**

Yes No

Back **Next**

- All required fields must be completed.
- Provide your demographic information
 - Preferred phone number
 - Email address
 - Social security number
 - Date of birth
 - Other name, if applicable
- Click “Next” to continue

Step 4: Your Supervisor

1 2 3 4 5 6 7 8 9

Supervisor

Name of establishment where you were supervised REQUIRED

Establishment Address REQUIRED

Please include street address, city, state, postal code, and country

Establishment Phone Number REQUIRED Establishment Website Establishment Hours REQUIRED

Supervisor's Minnesota license number REQUIRED Name of Minnesota licensed Supervisor REQUIRED

Please enter information about your supervision and supervisor

The name, address, phone and hours of operation of the establishment where you were supervised

Your supervisor's license number and name.

Add any additional supervisors, if necessary.

Step 4: Your Body Art Employment History

Employment History

List all body art work/employment you have had for the last five years. List the most current first. Include all body art work, regardless of employment status.

Employer/ Establishment Name **REQUIRED**

Street Address **REQUIRED** City **REQUIRED** State **REQUIRED** ZIP **REQUIRED**

 -- Please select an option

Phone **REQUIRED** Email Address **REQUIRED**

Start Date **REQUIRED** End Date

 No date selected No date selected

Format: MM/DD/YYYY. If you are currently working at this location please leave the end date blank

Please enter information about your employment history

The name, address, phone, and email of the body art establishments where you worked over the past 5 years.

Include your start and end dates.

Add any additional employers, if necessary.

Click “Next” to continue

Step 5: Complete the Questionnaire

Questionnaire

Have you held a guest or temporary license in the state of Minnesota? **REQUIRED**

-- Please select an option --

Do you hold or have you ever been issued a license, certification or registration as a body art technician issued by a city, county, or other state? **REQUIRED**

-- Please select an option --

Are you or have you been the subject of a negative action against you or has your legal authorization to practice body art in this or any other jurisdiction been the subject of discipline? This includes denial of an application, revocation, suspension, restrictions, limitations, conditions, reprimand, or civil penalty? **REQUIRED**

-- Please select an option --

Have you ever intentionally submitted false or misleading information to the commissioner of health? **REQUIRED**

-- Please select an option --

Have you ever failed, with 30 days, to provide information in response to a written request by the commissioner? **REQUIRED**

-- Please select an option --

- All questions must be answered.
 - Any “Yes” response will require an explanation.
 - Use the “Additional Information” field in Step 7 for your explanation.
- Click “Next” to continue

Step 6: Upload Documents

1 2 3 4 5 6 7 8 9

Attachments

Attach Document(s)

One of the following types of Proof of Age is REQUIRED:

- Driver's License
- Birth Certificate
- Military ID
- Passport
- Tribal ID
- Other Proof of Age

Attach Document(s)

The following other attachments are REQUIRED:

- Certificate of Completion
- Notarized Affidavit
- Hours Logged

- Upload all required documents
 - One proof of age document, plus
 - Certificate of completion,
 - Notarized affidavit, and
 - Hours log
- Documents may only be uploaded one at a time.
- Click “Next” to continue

Step 7: Additional Information

1 2 3 4 5 6 7 8 9

Additional Information

Use this page to complete answers from previous page(s) where space was insufficient. Include question number(s) with each answer. If you answered "yes" to any of the items on the questionnaire page, please provide a brief statement for each yes answer. Any other pertinent information can be added here as well.

If seeking license by reciprocity, use this space to provide contact information for your current licensing agency so that we may properly follow up.

Additional Information

Back Next

- Use this section to provide any additional information, including
 - Explanation for any “Yes” response to the questionnaire
 - If you’re paying by check, indicate as such here
- Click “Next” to continue

Step 8: Affirm Your Application

Applicant Affirmation

The information I have provided in this application is true and accurate to the best of my knowledge. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B. I understand that knowingly making a false statement on this application could be cause for denial, suspension or revocation of licensure. I understand by signing this document, I give MDH the authority to contact any listed supervisor, employer and client submitted for use in verification of credentials.

Signature **REQUIRED**

Date 2/8/2021
Format: MM/DD/YYYY.

[Back](#) [Next](#)

- Enter your name to sign the application.
- Your signature affirms you have provided truthful and accurate information, have read and will comply with the requirements, understand submitted false information could result denial, and you give permission to MDH to contact any you've identified in this application
- Click "Next" to continue

Step 9: Application Fee

1 2 3 4 5 6 7 8 9

Payment and Contact Information

Application Fee Schedule

Your initial application fee is displayed below. Fees are paid via the USBank epayment portal.

\$420.00

Clicking Finish will save your application and redirect you to the USBank for payment.

Back Finish

- The application fee will be calculated.
- Click “Finish” to continue to US Bank to complete the application process, including applicants paying by check.

Step 9: Make A Payment

mn DEPARTMENT OF HEALTH Exit

Make a Payment

My Payment

MN Department Of Health (TEST)
Amount Due \$420.00
Itemkey01 H1201US0017M010*420*N*****H12BODTL1
Transaction ID 3467638738411998791

Payment Information

Frequency One Time
Payment Amount \$420.00
Payment Date Pay Now

Contact Information

First Name
Last Name
Company (Optional)
Address 1
Address 2 (Optional)
City/Town
State/Province/Region
Zip/Postal Code
Country USA
Phone Number
Email Address

Payment Method


Payment Method Select
Checking or Savings
Credit/Debit Card

Continue Cancel





- Select your payment method
- Payments may be made by ACH or credit card.
 - ACH requires you to enter your bank routing number and checking account number. There is no service fee applied to an ACH transfer.
 - Payment by credit card will result in a service fee.

Step 9: Credit or Debit Card Payment


- Enter your credit card number, expiration date and security code
- A service fee will be applied at the end for all credit and debit card transactions
- Click “Continue” to continue

Payment Method 

Payment Method **Credit/Debit Card** ▼

Card Number    

Expiration Date Month ▼ Year ▼

Card Security Code 

Card Billing Address Use my contact information address
 Use a different address

A service fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

Continue [Cancel](#)

Step 9: ACH Payment

Payment Method

Payment Method **Checking or Savings** ▼

Sample Check 123456780 1215
123 Main St. DATE _____
Anytown, MO 12345 \$ _____
PAY TO THE ORDER OF _____ DOLLARS
MEMO _____

123456780	055 11111111	001215
Bank Routing Number	Bank Account Number	Check Number (not required)

Personal Check | [Business Check](#)

Bank Routing Number

Bank Account Number

Bank Account Type Checking Savings
 This is a business account

A service fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

Continue [Cancel](#)

- Enter your bank routing number and account number
- Indicate if the account is checking or savings
- If applicable, select “business account”
- A service fee will be not applied
- Click “Continue” to continue

Step 9: Confirm Payment Information

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above. If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited. If a service fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount. In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original

I accept the Terms and Conditions

Confirm

[Back](#)

- Confirm the payment information provided
- Accept the Terms and Conditions
- Click “Confirm” to continue

Step 9: Confirm Payment Information

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above. If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited. If a service fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount. In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original

I accept the Terms and Conditions

Confirm

[Back](#)

- Confirm the payment information provided
- Accept the Terms and Conditions
- Click “Confirm” to continue

Step 9: Payment Confirmation

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **MDHTST000281186**

Payment Details

Description	MN Department of Health MN Department Of Health (TEST) http://www.health.state.mn.us/
Payment Amount	\$420.00
Payment Date	02/11/2021
Status	SCHEDULED
Itemkey01	H1201US0017M010*420*N*****H12BODTL1
Transaction ID	3467638738411998791

Payment Method

Bank Routing Number	021000021
Bank Name	JPMORGAN CHASE
Bank Account Number	*1111
Bank Account Type	Checking
Bank Account Category	Consumer
Confirmation Email	<input type="text"/>

[Continue](#)

- This page is your receipt and proof of payment
- Please keep a record of your confirmation number or print this page
- Click “Complete Registration” to finish your application

Application Submitted



[Home](#)

[License Search](#)

[Log out](#)

Thank you for submitting your application today.
MDH Staff will review the application and take the appropriate action.

[Return Home](#)

Congratulations! Your application has been successfully submitted

1. Your Supervisor will electronically verify your application.
2. MDH staff will review your application.
3. If your application meets all the requirements, you will receive an email from MDH informing you to log into your account and print your license.
4. MDH staff will contact you if they have questions with your application.

Step 10: Print Your License

Your Licenses

License #	License Status	Dates Effective	License Category	License Type	Pending Application	Actions
	Active	2/12/19 - 3/31/21	Technician:	Tattooist	No	Print Certificate



- Log into your account
- Select “Print Certificate”
- The license is sized for 8.5” x 11” paper.
- You are encouraged to print on white paper for maximum visibility.
- The license must be visibly posted wherever you provide body art services.
- Multiple copies of your license may be printed.

Questions?

- If you have questions at any point, please contact our office at health.ba@state.mn.us.
- Please refer to our website for FAQs at <https://www.health.state.mn.us/facilities/providers/bodyart/index.html>