



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services
Consumer Protection
PO Box 268815; OKC, OK 73126-8815
Telephone: (405) 271-5779
FAX: (405) 271-5286

**MEDICAL MICROPIGMENTATION INSTRUCTOR
Application**

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip

Email Address: _____ Telephone #: _____

Have you ever been convicted of or plead 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

If Yes, please explain: _____

WORK HISTORY

An Oklahoma Certified Micropigmentologist who has performed procedures for three (3) years that shall include eye procedures, full lip procedures, and eyebrow procedures is eligible to be an instructor for micropigmentation techniques and procedures.

Oklahoma Medical Micropigmentation License #: _____ Expiration Date: _____

Initial Date of Medical Micropigmentation Licensure in Oklahoma: _____

Place of business where training is to be conducted: _____

SUPERVISING PHYSICIAN INFORMATION

I, THE SUPERVISING PHYSICIAN, CERTIFY by my signature that the Oklahoma Certified Micropigmentologist does have the three (3) years of required experience to be a micropigmentologist instructor.

Physician Name: _____

Licensing Board: _____ License #: _____

Physician Signature: _____ Date: _____

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

Signature: _____ **Date:** _____

*****ATTACH PROPOSED TRAINING CURRICULUM WITH APPLICATION FOR APPROVAL*****