OKLAHOMA State Department of Health

Oklahoma State Department of Health
Consumer Health Service
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CHSLicensing@health.ok.gov

MEDICAL MICROPIGMENTOLOGIST
Reinstatement of Certification Application

This form is ONLY for an Oklahoma Medical Micropigmentologist with a certification that is expired 30 days or more.

ALL REINSTATEMENT APPLICATIONS REQUIRE:

☐ Proof of Previous Oklahoma Certification ☐ $375.00 Reinstatement Fee (Payable to OSDH)

☐ Completed Reinstatement Application

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Certification No.: _____ Date Certification Expired: _____

SUPERVISING PHYSICIAN INFORMATION

Physician's Name: _____ License #: _____

Licensing Board: _____

Office Name of Physician: _____

Physician's Address: _____
Street Address City State Zip

Telephone #: _____ Fax #: _____

Physician's Signature: _____

Physician's Name: _____ License #: _____

Licensing Board: _____

Office Name of Physician: _____

Physician's Address: _____
Street Address City State Zip

Telephone #: _____ Fax #: _____

Physician's Signature: _____

☐ Not currently practicing medical micropigmentation – no supervising physician to report

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

(Please keep a copy of the completed application for your records.)