



OKLAHOMA
State Department
of Health

Oklahoma State Department of Health

Consumer Health Service

PO Box 268815, Oklahoma City, OK 73126-8815

p. (405) 426-8250 f. (405) 900-7557

CHSLicensing@health.ok.gov

Medical Micropigmentation Renewal Application

(Please make contact updates directly on this form or add additional pages; return with the correct payment)

Renewal Application Fee: \$100 Late Fee-Add an Additional \$275 if paid after:

Certification #:	<input type="text"/>	Expiration Date:	<input type="text"/>
Name:	<input type="text"/>		
Mailing Address	<input type="text"/>		
City/State/Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>		
Email:	<input type="text"/>		

Supervising Physician Information on File

Verify your current supervising physician's info by checking the "Current" box or adding new information if necessary. You may have more than one supervising physician on file.

Please note; All medical micropigmentation must be practiced in a physician's office under supervision of a licensed physician. If you do not have a supervising physician on-file, your application WILL be processed but your certificate will be held by the Department until supervising physician information is received.

Current Physician Name: Office Address: City / Zip: Lic#/Lic. Agency:

New Physician(s) Information

Physician Name:	Office Address:	City / Zip / County:	Lic#/Lic. Agency:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Physician Signature(s): _____ / _____

Not currently practicing medical micropigmentation - no supervising physician to report

Signature: _____

Keep a copy of the form for your annual records and return the original, with the correct payment, to the Department at the address listed at the top. Please note: it is unlawful to continue practicing medical micropigmentation in the State of Oklahoma if the certification is not renewed by the expiration date.

SUPERVISING PHYSICIAN INFORMATION

Supervising Physician's Name: _____ License # _____

Licensing Board: _____

Office Name of Supervising Physician: _____

Supervising Physician's Address: _____
Street Address City State Zip

Telephone #: _____ Fax #: _____

Physician Signature: _____

Supervising Physician's Name: _____ License # _____

Licensing Board: _____

Office Name of Supervising Physician: _____

Supervising Physician's Address: _____
Street Address City State Zip

Telephone #: _____ Fax #: _____

Physician Signature: _____

Supervising Physician's Name: _____ License # _____

Licensing Board: _____

Office Name of Supervising Physician: _____

Supervising Physician's Address: _____
Street Address City State Zip

Telephone #: _____ Fax #: _____

Physician Signature: _____

APPLICATION CHECKLIST

An individual shall be eligible to apply for a certificate to practice medical micropigmentation by satisfying all of the following criteria. **Please submit the following with the completed application and correct fee:**

- Affidavit of Lawful Presence
- Documentation of High-School completion or its equivalent and high school phone #: _____
- Notarized copy of certificate of birth
- Notarized copy of driver's license or other similar government issued photo identification
- Proof of successful completion of an OSDH-approved medical micropigmentation training program (or equivalent training program for reciprocal license applicants)
- Copy of active, out-of-state certificate/license in good-standing (reciprocal certification applicants only)
- Notarized copy of credentials and professional résumé that document years of practice and number of procedures (reciprocal certification applicants only)

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

Signature: _____ **Date:** _____