



**OKLAHOMA**  
State Department  
of Health

Oklahoma State Department of Health  
Consumer Health Services  
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Website: [Oklahoma.gov/health/CHS](http://Oklahoma.gov/health/CHS)

## 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\*\*\***