



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301
 Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@dhsosha.state.or.us

EARLOBE PIERCING LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME: LAST			FIRST			MIDDLE INITIAL		
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)								
CITY						STATE		ZIP
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)								
CITY						STATE		ZIP
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL			BUSINESS TELEPHONE			EMAIL		
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male			BIRTHDATE			SOCIAL SECURITY NUMBER (REQUIRED)		
NAME OF FACILITY WHERE YOU WORK						FACILITY LICENSE NUMBER		
<input checked="" type="radio"/> Have you ever been known under any other name? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, list full name(s):								
<input checked="" type="radio"/> Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below.								
State:			Lic./Cert./Reg.#			Expiration:		
State:			Lic./Cert./Reg.#			Expiration:		
State:			Lic./Cert./Reg.#			Expiration:		
Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____			Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____			Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____		

2. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	<p>Year Convicted</p>

● As of today are you on probation or parole? Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:	Date:
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the Office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:	Date:
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3. Race / Ethnicity – Voluntary Question

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing eligibility or qualifications.

Ethnic Background (check only one)

- American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

4. *****(Complete This Section Only If Submitting Payment By Mail)*****

Payment of Required Fees: Application Fee = \$25; License Fee = \$25; Total of \$50

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

APPLICATION REQUIREMENTS FOR EARLOBE PIERCING LICENSE

Applicant must:

- Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30;
- Submit this completed application accompanied by payment of **required fees: Application fee = \$25; License fee = \$25; Total of \$50 (see payment section above);**
- Submit **two** forms of original identification **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **At least one form of identification provided to the HLO must be photographic**. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule;
- Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above);
- Submit proof of having a high school diploma or equivalent. If you attended a school outside the U.S. you must have your education evaluated for equivalency. Please contact the Health Licensing Office for assistance or clarification of the process;
- Submit proof of having completed and passed the Client Care, Safety, Sanitation and Infection Control (CCSSIC) examination within two years before the date of application. Information about accessing and taking the examination can be found by going to <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Body-Art-Practitioners-Earlobe-Only-Piercers-License.aspx>.
- Submit proof of: basic first aid training **and** bloodborne pathogen training from a HLO approved provider; **and**
- Submit a passport quality (2" x 2") color photograph with this application **(if submitting by postal mail)**. If applying in person at the HLO a photograph will be taken by the HLO.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.