



**HEALTH LICENSING OFFICE**  
**Board of Electrologists and Body Art Practitioners**  
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***Body Piercing Self-Study Continuing Education Verification***

**Licensee Information**

LICENSEE NAME		LICENSE NUMBER	
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS PHONE	EMAIL	

**Type of Study**

Correspondence/National Home Study

Name of provider:

Publication  Textbook  Printed Material  Audio

Name of publisher:

Date of publication:	ISBN Identification #:
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Online  Video  Slides  Film

Name of sponsor/producer:

Date of production:	Catalog Number:
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**Completion and Clock Hours**

DATE OF COMPLETION	DURATION OF STUDY IN CLOCK HOURS
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**Approved Course of Study: Check box(s) indicating area(s) outlined in approved course of study pursuant to 331-900-0085(2) and 331-900-0005(1) through (13).**

<input type="checkbox"/> Anatomy/Physiology/Histology	<input type="checkbox"/> Infection Control
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Equipment
<input type="checkbox"/> Environment	<input type="checkbox"/> Ethics/Legalities
<input type="checkbox"/> Emergencies	<input type="checkbox"/> Client Consultation
<input type="checkbox"/> Oregon Laws and Rules	<input type="checkbox"/> Discretionary Related to Body Piercing

**Description of Content (How Course Relates to Body Piercing Profession and Course of Study):**

➔ Licensee Signature:	Date:
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