



Body Art Technician Licensing System –Training

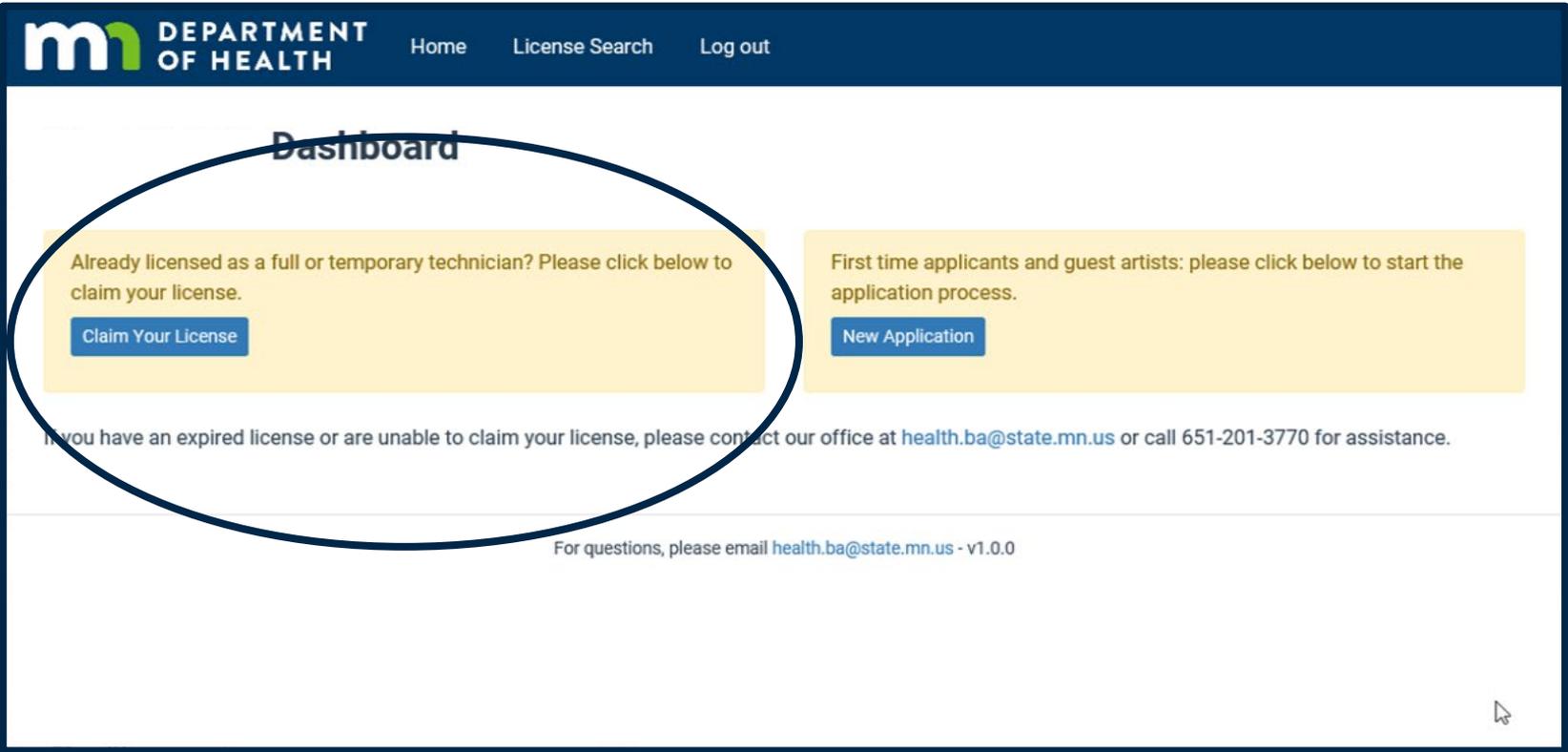
Full or Temporary Technician Renewal
February 2021

Learning Objectives

At the end of this presentation, a body art technician license technician will understand:

- How to successfully complete a license renewal
- How to complete the payment
- When to print the license

Begin the Application Process



Welcome to the Body Art Technician Licensing System!

Click the “Claim Your License” button to begin the process for renewing your license.

Step 1: Claim Your License

m1 DEPARTMENT OF HEALTH

Home License Search Log out

Claim My Licenses

Enter your Minnesota Body Art license number and social security number to claim your full technician or temporary technician license. Only enter the numbers as indicated on your printed license. Do not enter any letters.

Guest license numbers cannot be claimed. Please create new application if you are a guest artist.

License Number REQUIRED Social Security Number REQUIRED

- Enter your Body Art license number and your social security number
- Click “Claim License”
- A message will appear indicating your license has been claimed
- Return to the Home page to start the renewal process

Step 1: Renew Your License

m1 DEPARTMENT OF HEALTH Home License Search Log out

Dashboard

Already licensed as a full or temporary technician? Please click below to claim your license.
[Claim Your License](#)

First time applicants and guest artists: please click below to start the application process.
[New Application](#)

If you have an expired license or are unable to claim your license, please contact our office at health.ba@state.mn.us or call 651-201-3770 for assistance.

Your Licenses

License #	License Status	Dates Effective	License Category	License Type	Pending Application	Actions
	Active	2/12/19 - 3/31/21	Technician: Full	Tattooist	No	Renew Print Certificate

- The “Renew” button will appear only if the license will expire within 60 days
- To begin the process, click “Renew”

Step 1: Regulations and Statutes

Instructions

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, Sections §13.04, Subd. 2, and §13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes Chapter 146B requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed, the application data except social security number becomes public. Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and results in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

- Read [Minnesota Statutes Chapter 146B Body Art \(opens new tab\)](#).
- Complete all questions.
- Provide proof that you are at least 18 years of age.
- Pay the application fee online*. Payment information will be available on the last screen of this online application.

- Read the Data Privacy Act notice
- Review the Statutes
- Click “Next” to continue

Step 2: Personal Information

The screenshot shows a multi-step wizard with six steps: 1. Start, 2. Personal (current step), 3. Professional, 4. Other Licenses, 5. Additional Information, and 6. Confirm. The 'Personal Information' section includes a header, a note to fill in applicable information, and several input fields: Last Name, First Name, Middle Name, Home/Work Address, City, State (dropdown), and ZIP. There is a checkbox for 'Preferred address for contact' with a 'Remove Address' button and an 'Add Another Address' button. Below these are fields for 'Preferred Phone Number' and 'Email Address'. At the bottom are 'Back' and 'Next' buttons.

- Verify your contact information and make corrections or updates, if necessary
- Your preferred address will be public
 - You may add another address, if necessary
- Click “Next” to continue

Step 3: Professional Education

1 Start 2 Personal 3 Professional 4 Other Licenses 5 Additional Information 6 Confirm

Continuing Education

You must successfully complete **5 hours** of training covering these four topics **within the past year**: bloodborne pathogens, prevention of disease transmission, infection control, and aseptic technique.

Provide a copy of all certificates of completion showing course title, presenter, date completed, and hours of training.

[Attach CE Documentation](#)

File Name	Course Date	Training Presenter	Actions
No continuing education documents attached.			

[Back](#) [Next](#)

- Attach verification of continuing education course work within the past year
- 5 (five) hours of training is required
- Click “Next” to continue

Step 4: Other Licenses

1 Start 2 Personal 3 Professional 4 Other Licenses 5 Additional Information 6 Confirm

Credential Issued by other Jurisdictions

In the past two years, have you been issued a license, certification, or registration as a body art technician issued by a city, county, or other state?

REQUIRED

Yes No

Back Next

- Provide information of any other licenses, certifications or registration you have
- Click “Next” to continue

Step 5: Additional Information

1 Start 2 Personal 3 Professional 4 Other Licenses 5 Additional Information 6 Confirm

Additional Information

Since the date of your last application, is action being taken against you or has action been taken against you or your legal authorization to practice body art in this or any other jurisdiction either through denial of application, revocation, suspension, restrictions, limitations, conditions, reprimand, civil penalty, or any other means (including Stipulation and Consent Orders and Determinations)? **REQUIRED**

Yes No

Have you been convicted, within the last two years, of a felony or misdemeanor which relates to the body arts or which involved an essential element of dishonesty? **REQUIRED**

Yes No

Back **Next**

- Answer the two questions
- Any “Yes” response will require an explanation
- Click “Next” to continue

Step 6: Confirm Your Renewal

1 Start 2 Personal 3 Professional 4 Other Licenses 5 Additional Information 6 Confirm

Confirm

Fee Description	Fee Amount
Renewal Fee	\$420.00

Back Finish

- Your renewal is confirmed at this step.
- The fee will be posted.
- Click “Finish” to continue to the payment screens and complete your renewal.

Step 7: Make A Payment

mn DEPARTMENT OF HEALTH Exit

Make a Payment

My Payment

MN Department Of Health (TEST)
Amount Due \$420.00
Itemkey01 H1201US0017M010*420*N*****H12BODTL1
Transaction ID 3467638738411998791

Payment Information

Frequency One Time
Payment Amount \$420.00
Payment Date Pay Now

Contact Information

First Name
Last Name
Company (Optional)
Address 1
Address 2 (Optional)
City/Town
State/Province/Region
Zip/Postal Code
Country USA
Phone Number
Email Address

Payment Method

Payment Method
Checking or Savings
Credit/Debit Card

- Select your payment method
- Payments may be made by ACH or credit card.
 - ACH requires you to enter your bank routing number and checking account number. There is no service fee applied to an ACH transfer.
 - Payment by credit card will result in a service fee.

Step 7: Credit or Debit Card Payment

- Enter your credit card number, expiration date and security code
- A service fee will be applied at the end for all credit and debit card transactions
- Click “Continue” to continue

Payment Method

Payment Method

Card Number 

Expiration Date Month Year

Card Security Code 

Card Billing Address Use my contact information address
 Use a different address

[Continue](#) [Cancel](#)

Step 7: ACH Payment

Payment Method

Payment Method **Checking or Savings** ▼

Sample Check 1215
123 Main St. DATE: _____
Anytown, MO 12345
PAY TO THE ORDER OF _____ \$ _____ DOLLARS
MEMO: _____
⑆ 123456780 ⑆ 055 11111111 ⑆ 001215 ⑆
Bank Routing Number Bank Account Number Check Number (not required)

Personal Check | [Business Check](#)

Bank Routing Number

Bank Account Number

Bank Account Type Checking Savings
 This is a business account

Continue [Cancel](#)

- Enter your bank routing number and account number
- Indicate if the account is checking or savings
- If applicable, select “business account”
- A service fee will be not applied
- Click “Continue” to continue

Step 7: Confirm Payment Information

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above. If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited. If a service fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount. In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original

I accept the Terms and Conditions

Confirm

[Back](#)

- Confirm the payment information provided
- Accept the Terms and Conditions
- Click “Confirm” to continue

Step 7: Payment Confirmation

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **MDHTST000281186**

Payment Details

Description MN Department of Health
MN Department Of Health (TEST)
<http://www.health.state.mn.us/>

Payment Amount \$420.00

Payment Date 02/11/2021

Status SCHEDULED

Itemkey01 H1201US0017M010*420*N*****H12BODTL1

Transaction ID 3467638738411998791

Payment Method

Bank Routing Number 021000021

Bank Name JPMORGAN CHASE

Bank Account Number *1111

Bank Account Type Checking

Bank Account Category Consumer

Confirmation Email

Continue

- This page is your receipt and proof of payment
- Please keep a record of your confirmation number or print this page
- Click “Complete Registration” to finish your application

Renewal Application Submitted



[Home](#)

[License Search](#)

[Log out](#)

Thank you for submitting your application today.
MDH Staff will review the application and take the appropriate action.

[Return Home](#)

Congratulations! Your renewal application has been successfully submitted

1. MDH staff will review your renewal application.
2. If your application meets all the requirements, you will receive an email from MDH informing you to log into your account and print your license.
3. MDH staff will contact you if they have questions with your application.

Step 10: Print Your License

Your Licenses

License #	License Status	Dates Effective	License Category	License Type	Pending Application	Actions
	Active	2/12/19 - 3/31/21	Technician:	Tattooist	No	Print Certificate



- Log into your account
- Select “Print Certificate”
- The license is sized for 8.5” x 11” paper.
- You are encouraged to print on white paper for maximum visibility.
- The license must be visibly posted wherever you provide body art services.
- Multiple copies of your license may be printed.

Questions?

- If you have questions at any point, please contact our office at health.batls@state.mn.us.
- Please refer to our website for FAQs at [Body Art: https://www.health.state.mn.us/facilities/providers/bodyart/index.html](https://www.health.state.mn.us/facilities/providers/bodyart/index.html)
- If you are not receiving body art notices from our office, we encourage you to register at [Body Art Updates: https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_322](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_322)