



Oregon

Oregon Health Licensing Agency
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REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

IMPORTANT: [Attachment of course outline or agenda, course content, resume of speakers or instructors, and method of recording satisfactory course completion is required to process request.](#)

PROFESSIONAL LICENSE FOR WHICH REQUESTED CONTINUING EDUCATION APPLIES: <input type="checkbox"/> NHAB <input type="checkbox"/> EHS <input type="checkbox"/> SOTB <input type="checkbox"/> ELECTROLOGY <input checked="" type="checkbox"/> TATTOO <input type="checkbox"/> COS <input type="checkbox"/> DT <input type="checkbox"/> HAS <input type="checkbox"/> RT <input type="checkbox"/> DEM		DATE OF REQUEST: 8/10/2011
BRIEFLY DESCRIBE COURSE RELATIONSHIP TO THE PROFESSIONAL LICENSURE INDICATED ABOVE: TATTOO ONLY: This course provides customized industry specific training as mandated by OSHA's Bloodborne Pathogens Standard (29CFR 1910.1030). This course work is designed by an experienced infectious disease professional with 15 years of experience working with body art industry and public health. Material covered in this comprehensive 4 hours course includes definitions of bloodborne, modes of transmission, universal precautions, engineering and work practice controls. Infection control and sterilization, exposure control plans, hepatitis B vaccinations, and other information needed to the safety of the tattoo artist.		
GENERAL HOURS REQUESTED: 4.0	ETHICS HOURS REQUESTED (if applicable):	TOTAL CE HOURS REQUESTED: 4.0

COURSE TITLE: Bloodborne Pathogens & Infection Control for Tattooing and Permanent Makeup Artist		
COURSE DATE(S); OR INDICATE VARIOUS HERE: <input checked="" type="checkbox"/>		TIME(S); OR INDICATE VARIOUS HERE: <input checked="" type="checkbox"/>
COURSE LOCATION(S); OR INDICATE VARIOUS HERE: <input type="checkbox"/> Online Multi-Media Presentation		
IS COURSE REPEATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES; HOW OFTEN? As Needed	END DATE:
CONTINUING EDUCATION METHOD: <input type="checkbox"/> MEETING <input type="checkbox"/> CLASSROOM <input type="checkbox"/> WORKSHOP <input type="checkbox"/> SEMINAR <input checked="" type="checkbox"/> ONLINE <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> OTHER:		
SPONSOR/PROVIDER: Biologix Solutions LLC		WEBSITE ADDRESS: www.blxtraining.com
CONTACT NAME: Alpesh Patel		EMAIL: biologix.solutions@gmail.com
ADDRESS(OPTIONAL): 1201 Alison Ln. Darien, IL		PHONE: 630-706-0093 FAX: 630-206-2475

OFFICE USE ONLY

AGENCY APPROVAL NUMBER: 2011-06T

COURSE APPROVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED GENERAL HOURS: 4.0	APPROVED ETHICS HOURS:	MAXIMUM APPROVED HOURS: 4.0
MULTI DAY/AGENDA COURSE: <input type="checkbox"/> YES (verify course approval documentation at audit)			

IF NO, EXPLAIN WHY REQUEST DENIED:

[Click on Email Address Listed Above to Submit Request: Please Attach All Required Documentation](#)