

INSTRUCTIONS TO RENEW A TATTOO ARTIST PERMIT

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/iowa/IDPH/common/index.jsp>

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

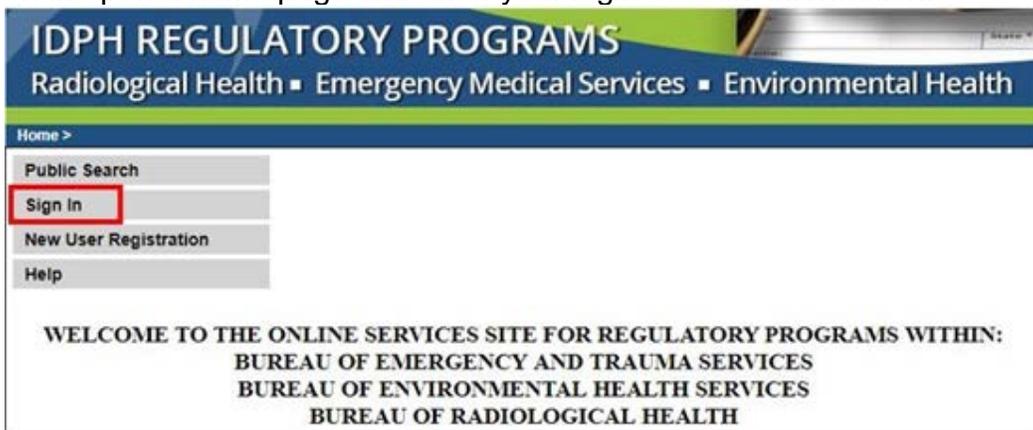
These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the “How to create an account” instructions.

NOTE: You must use either **Google Chrome** or **Safari** when applying online.

If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

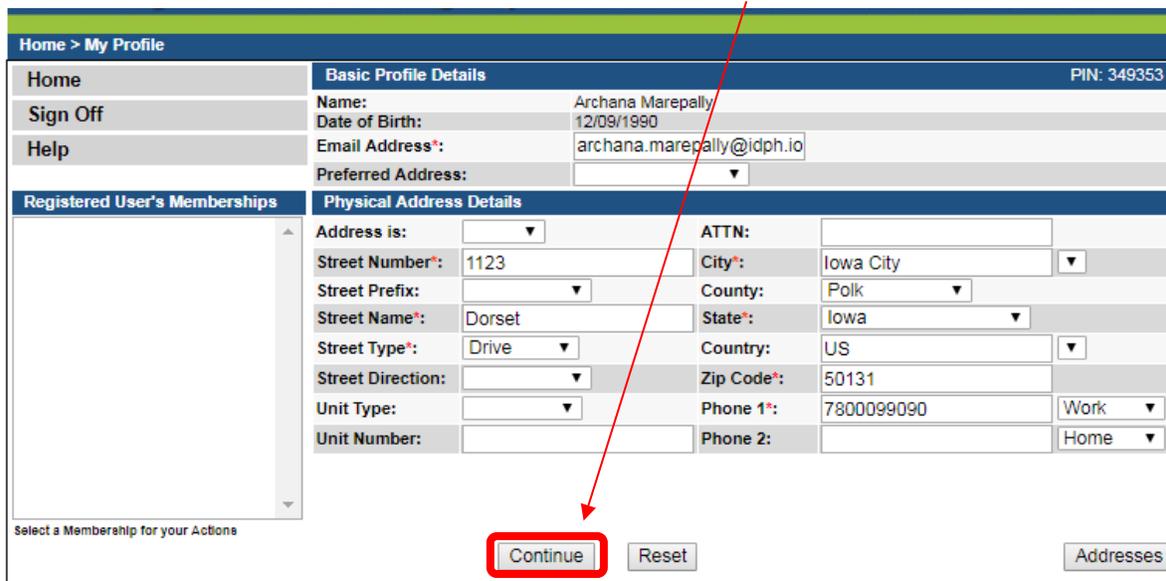
STEP 1: SIGN IN

Sign In on the portal home page and enter your login account information.



The screenshot shows the IDPH Regulatory Programs home page. The header includes "IDPH REGULATORY PROGRAMS" and "Radiological Health ■ Emergency Medical Services ■ Environmental Health". A navigation menu on the left contains "Home >", "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". Below the menu, a welcome message reads: "WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN: BUREAU OF EMERGENCY AND TRAUMA SERVICES, BUREAU OF ENVIRONMENTAL HEALTH SERVICES, BUREAU OF RADIOLOGICAL HEALTH".

After signing in, you will be taken to the **My Profile** page. Check that the existing information is correct and make any necessary changes. Once you have verified the information on your existing profile is accurate, click **Continue**.



The screenshot shows the "My Profile" page. The header includes "Home > My Profile" and "PIN: 349353". The page is divided into two main sections: "Basic Profile Details" and "Physical Address Details".

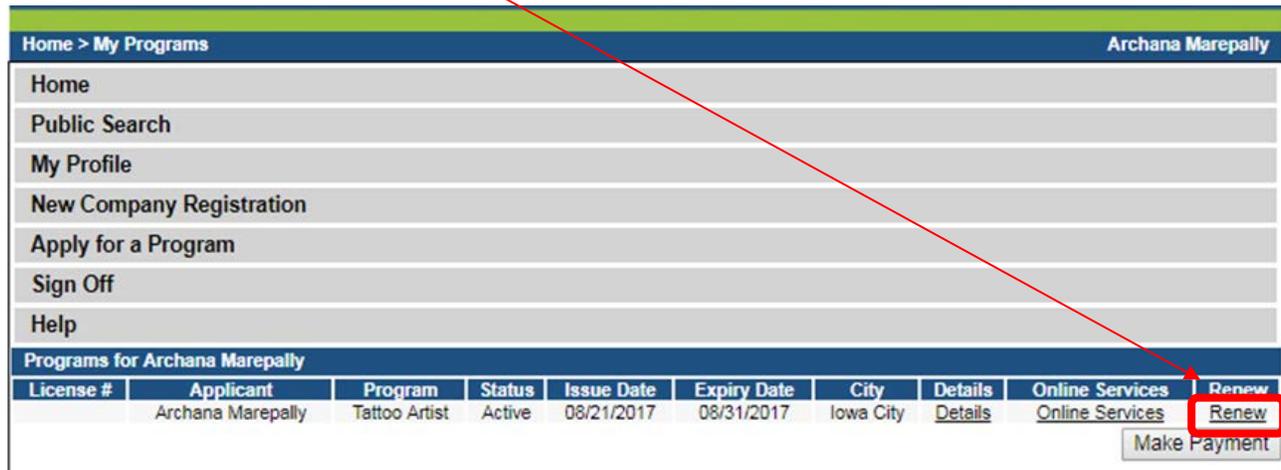
Basic Profile Details	
Name:	Archana Marepally
Date of Birth:	12/09/1990
Email Address*:	archana.marepally@dph.io
Preferred Address:	

Physical Address Details				
Address is:	ATTN:			
Street Number*:	1123	City*:	Iowa City	
Street Prefix:		County:	Polk	
Street Name*:	Dorset	State*:	Iowa	
Street Type*:	Drive	Country:	US	
Street Direction:		Zip Code*:	50131	
Unit Type:		Phone 1*:	7800099090	Work
Unit Number:		Phone 2:		Home

At the bottom of the page, the "Continue" button is highlighted with a red box. Other buttons include "Reset" and "Addresses".

STEP 2: RENEW

You will be taken to your **My Programs** page. This is where you will see your existing Tattoo Artist license. Click on **Renew** to renew your license.



Home > My Programs Archana Marepally

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Programs for Archana Marepally

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
	Archana Marepally	Tattoo Artist	Active	08/21/2017	08/31/2017	Iowa City	Details	Online Services	Renew

A pop-up message will appear. Click **OK**.



Are you sure you really want to renew this program?

STEP 3: APPLICATION FORM

Click the **Expand All** to view all information. Questions with a red asterisk * or highlighted in pink are mandatory.



IDPH REGULATORY PROGRAMS
Environmental Health
Tattoo

Home > My Programs > Apply for Program > Application Form

- Home
- Sign Off
- Help

Tattoo Artist - Artist
Applicant

Application Form [Expand All](#)

- ▶ Affirmation
- ▶ Tattoo Artist Info Details

Attachment

Attachment Description

STEP 4: AFFIRMATION

All questions in this section are required. If you answer Yes to any of these questions, provide a brief description of all relevant activities into the text box provided below. You may need to provide additional details in an attachment if necessary. (See Step 6 for instructions on how to attach additional documentation.)

Affirmation	
Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. *	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.	<input type="text"/>
Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? *	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.	<input type="text"/>
Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.) *	<input type="radio"/> Yes <input type="radio"/> No
If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.	<input type="text"/>
Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? *	<input type="radio"/> Yes <input type="radio"/> No
If yes, include the date, location, reason, and resolution.	<input type="text"/>

STEP 5: ARTIST DETAILS

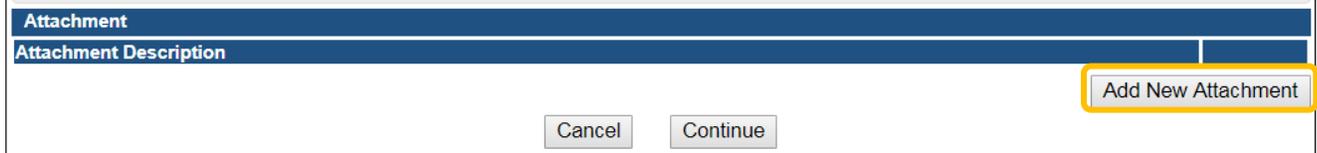
Select Yes or No to the questions provided.

Tattoo Artist Info Details	
I have completed bloodborne pathogen training and am attaching documentation. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
I have completed first aid training and am attaching documentation. *	<input checked="" type="radio"/> Yes <input type="radio"/> No

STEP 6: ADD ATTACHMENTS & CONTINUE

Copies of your current Blood Borne Pathogens and First Aid certifications must be attached.
You must attach all supporting information before paying the fee or your application could be delayed or denied.

Click the **Add New Attachment** button at the very end of the application form.



Click to select **Type** of attachment



Choose a selection from the following from the list.

Enter the Description, then Click **Choose File**
This will open your file explorer. Navigate to where the document you want to attach is located on your computer.

Double click the document to attach it.

Continue this process for each document needing to be attached.

NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

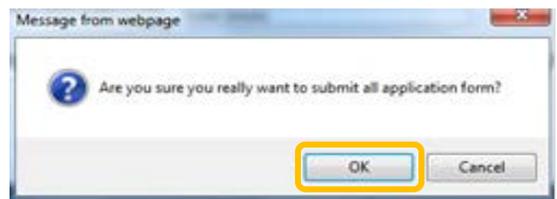
If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

DO NOT CLICK CANCEL – this will void your entire application.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.



When you click **Continue**, a pop-up message will appear. Click **OK** to proceed to the next page.



STEP 7: APPLICATION FORM SUPPLEMENTAL

Click on **TATI – Contact List** to open the tab. Your existing information will appear. To edit your employer, delete the existing information and enter your current information. Click **Add** and additional employer information. (Use the scroll bar to see additional fields.) Click **Save** when finished. **Tip:** Do not add more than one line before clicking save.

When you are finished with the Contact List, click **Continue**.

Are you sure you really want to submit all application form?

A pop up message will appear. Click **OK**.

STEP 8: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the “I agree with the terms and conditions.” Then click **Continue**.

STEP 9: MAKE A PAYMENT



Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documents, click the

Pay Later button to be returned to your programs page. Click Details to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay. (**Note:** your application is not considered submitted until payment is made.)

License Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542553	Tattoo Artist	Artist	New	TATI Application Fee	\$75.00	No
Total			Fee Amount: \$75.00		Paid Amount: \$0.00	Fee Due: \$75.00

Pay Later Pay Now

On the **Make a Payment** page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment

My Payment

State of Iowa TEST site
Amount Due \$75.00

Payment Information

Frequency One Time
Payment Amount \$75.00
Payment Date Pay Now

Contact Information

First Name IDPH
Last Name Test
Company (Optional)
Address 1 321 E 12th Street
Address 2 (Optional)
City/Town Des Moines
State/Province/Region IA
Zip/Postal Code 50319
Country US
Phone Number 8558244357
Email Address email.email@mail.com

Payment Method

Payment Method Select

Continue Cancel

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description State of Iowa TEST site
State of Iowa TEST site
Payment Amount \$75.00
Payment Date 09/27/2017

Payment Method

Payer Name IDPH Test
Card Number
Expiration Date Aug-2018
Card Type Visa
Confirmation Email email.email@mail.com

Billing Address

Address 1 321 E 12th Street
City/Town Des Moines
State/Province/Region IA
Zip/Postal Code 50319
Country United States

Contact Information

First Name IDPH
Last Name Test
Address 1 321 E 12th Street
City/Town Des Moines
State/Province/Region IA
Zip/Postal Code 50319
Country United States
Phone Number 8558244357
Email Address email.email@mail.com

Confirm Back

Write down your Confirmation **Number** or **print this page** for your records.

Confirmation

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

Confirmation Number **IOWTST004926730**

[Payment Details](#)

Click **Continue** at the bottom of the screen to be taken to your receipt.