

# INSTRUCTIONS TO APPLY FOR A NEW 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 **Internet Explorer** 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

After creating your A&A account, **Sign In** on the if you are not already signed in.

The screenshot shows the IDPH Regulatory Programs website. The header includes 'IDPH REGULATORY PROGRAMS' and navigation links for 'Radiological Health', 'Emergency Medical Services', and 'Environmental Health'. A sidebar menu on the left contains 'Public Search', 'Sign In' (highlighted with a red box), 'New User Registration', and 'Help'. The main content area displays a welcome message for the Bureau of Emergency and Trauma Services, Bureau of Environmental Health Services, and Bureau of Radiological Health.

After signing in, you will be taken to the **My Profile** page. Click **Continue**.

The screenshot shows the 'My Profile' page. It features a sidebar with 'Home', 'Sign Off', and 'Help'. The main content area is divided into 'Basic Profile Details' (Name: Archana Marepally, Date of Birth: 12/09/1990, Email Address: archana.marepally@idph.io) and 'Physical Address Details' (Address is: [dropdown], ATTN: [dropdown], Street Number: 1123, City: Iowa City, Street Prefix: [dropdown], County: Polk, Street Name: Dorset, State: Iowa, Street Type: Drive, Country: US, Street Direction: [dropdown], Zip Code: 50131, Unit Type: [dropdown], Phone 1: 7800099090, Unit Number: [dropdown], Phone 2: [dropdown]). At the bottom, there are buttons for 'Continue' (highlighted with a red box and pointed to by a red arrow), 'Reset', and 'Addresses'. A note at the bottom left says 'Select a Membership for your Actions'.

## STEP 2: APPLY FOR A PROGRAM

You will be taken to your **My Programs** page. To apply for a Tattoo Artist license, click on **Apply for a Program**.

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
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Make Payment

On the next screen select your **Program** as “Tattoo Artist” and select your **Program Detail** as “Artist” then click **Continue**.

Home > My Programs > Apply for Program

Program: Tattoo Artist  
Program Detail: Artist

Continue

A pop-up message will appear. Click **OK** to continue with the application.

Are you sure you really want to apply for this program?

OK Cancel

## STEP 3: APPLICATION FORM

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

Home > My Programs > Apply for Program > Application Form

Tattoo Artist - Artist  
Applicant |

Application Form

Expand All

- Affirmation
- Tattoo Artist Info Details

## 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. \*

Yes  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.

Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? \*

Yes  No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

## STEP 5: ARTIST DETAILS

All questions in this section are required. Select Yes or No to the questions provided.

▼ Tattoo Artist Info Details

I have a high school diploma or G.E.D and am attaching documentation. \*

Yes  No

I have completed bloodborne pathogen training and am attaching documentation. \*

Yes  No

I have completed first aid training and am attaching documentation. \*

Yes  No

I am 18 years old and am attaching proof of age (copy of drivers license or birth certificate is acceptable). \*

Yes  No

## STEP 6: ADD ATTACHMENTS & CONTINUE

As a new applicant, you will need to attach:

- A copy of your High School Diploma or GED.
- Blood borne Pathogen Certificate
- First Aid Certificate
- Government Issued Document for proof of age. (i.e. State Issued I.D. or Driver's License.)

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.

The screenshot shows the top part of the 'Attachment' form. The title bar says 'Attachment'. Below it is a header 'Attachment Description'. At the bottom right, the 'Add New Attachment' button is highlighted with a yellow box. At the bottom center, there are 'Cancel' and 'Continue' buttons.

Click to select **Type** of attachment

The screenshot shows the 'Attachment Description' header. Below it, the 'Type:' dropdown menu is highlighted with a yellow box. To its right is the 'Description:' text box. Further right, the 'Choose File' button is highlighted with a red box. The text 'No file chosen' is visible to the right of the button.

Choose a selection from the following from the list.

The screenshot shows the 'Attachment Description' header. Below it, the 'Type:' dropdown menu is open, displaying a list of attachment types: Accred/Auth. Certificate, Blood Borne Pathogen certificate, Court Documents, Crystal Report, First aid certificate, High School Diploma, Industrial Radiography Card, License, MQSA Certificate, Non-Iowa Permit/Certification/Registration, Photo, Physician Records, and Proof of Age. The 'Type:' dropdown is highlighted with a yellow box, and a red arrow points to 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.**

The screenshot shows the 'Attachment' form with three rows of attachment information. Each row has a 'Type:' dropdown, a 'Description:' text box, and a 'Choose File' button. The first row has Type: Blood Borne, Description: Blood Borne Pathogens. The second row has Type: High School, Description: HS Diploma. The third row has Type: Proof of Age, Description: I.D. At the bottom right, the 'Add New Attachment' button is visible. At the bottom center, the 'Continue' button is highlighted with a red box. The 'Cancel' button is also visible.

When you click **Continue**, a pop-up message will appear.

Click **OK** to proceed to the next page.

The screenshot shows a pop-up message box titled 'Message from webpage'. The message text is 'Are you sure you really want to submit all application form?'. At the bottom right, the 'OK' button is highlighted with a yellow box. The 'Cancel' button is also visible.

## STEP 7: APPLICATION FORM SUPPLEMENTAL

On the supplemental form you will need to add a contact (employer) to the Contact List tab. Click on **TATI – Contact List** to open the tab. Click **Add** and enter your employer information. (Use the scroll bar to see additional fields.) *Note: If you select Employer" you must complete all the fields (i.e. First Name, Last Name, Phone, Email, Business Name, Street Address, City, State, Zip).* If you do not have an employer, select "No Employer". When you have finished, click **Save**.

Tattoo

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental

TATI Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address
No Employer				

Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.  
Just clean all fields if you do not need a specific row or new added row.

Add Save

Attachment

Attachment Description

Add New Attachment

Cancel Continue

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

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

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

OK

Cancel

## 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**.

Tattoo

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home

Sign Off

Help

Terms and Conditions

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

I agree with the terms and conditions.

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.)

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

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
<b>Total</b>				Fee Amount: \$75.00	Paid Amount: \$0.00	<b>Fee Due: \$75.00</b>

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  
[Become a Registered User](#)

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

### Confirmation

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

Confirmation Number **IOWTST004926730**

Payment Details