

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.

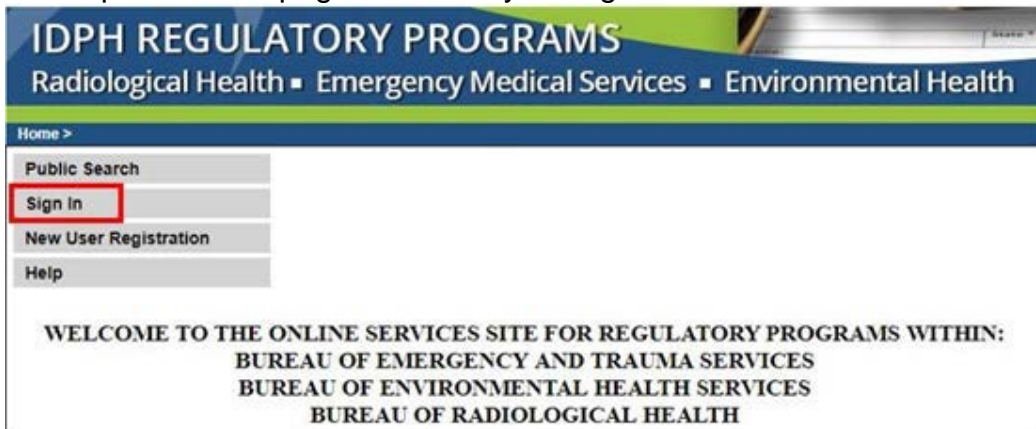
These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the “How to create an account” instructions.

NOTE: You must use either **Google Chrome** or **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.

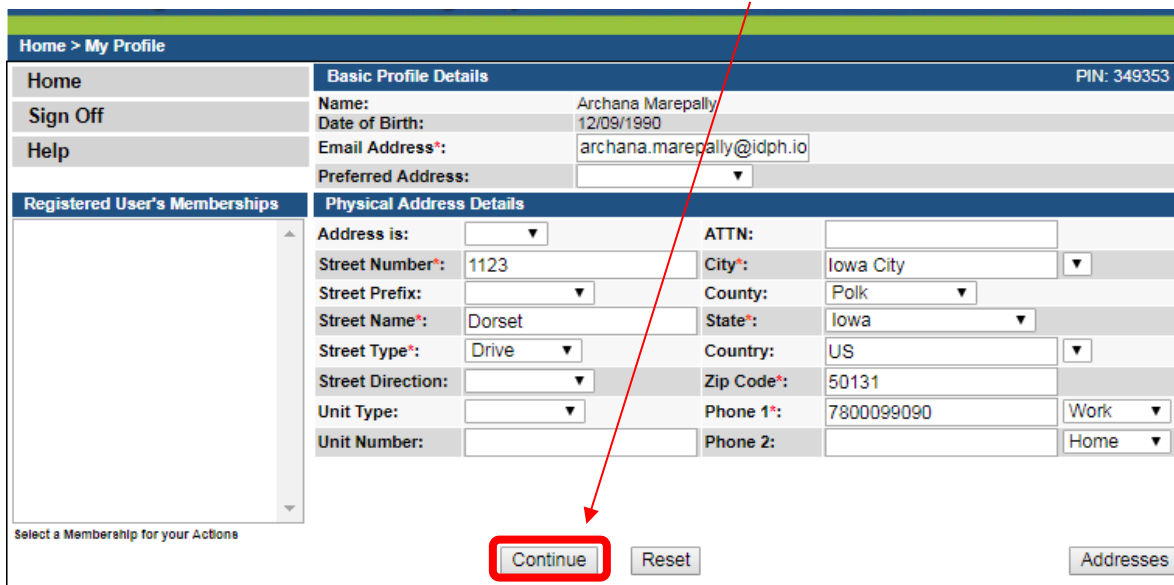
STEP 1: SIGN IN

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". Below the header is a navigation menu with "Home >". A sidebar contains buttons for "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". The main content area displays a welcome message: "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".

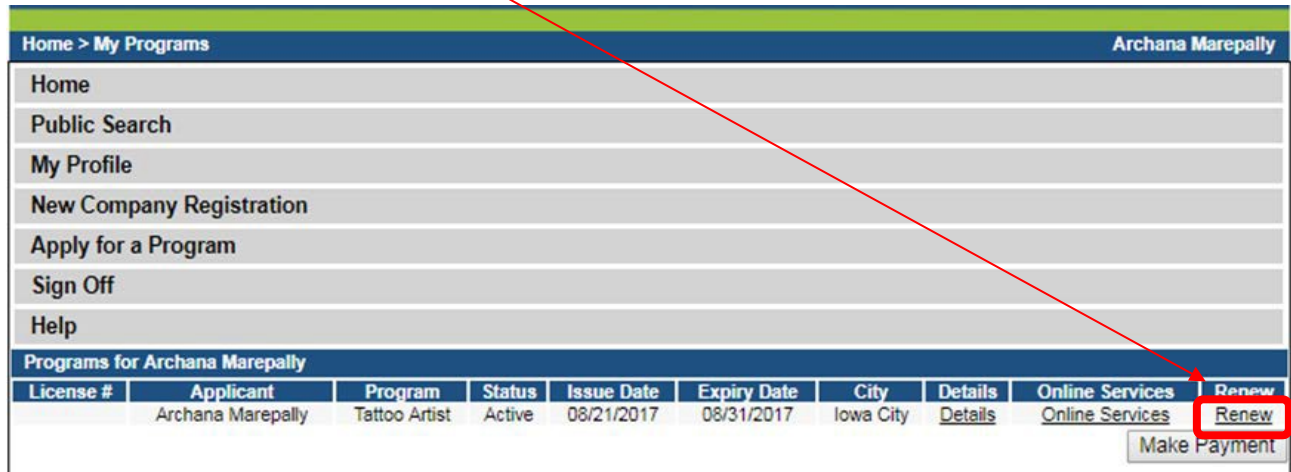
After signing in, you will be taken to the **My Profile** page. Check that the existing information is correct and make any necessary changes. Once you have verified the information on your existing profile is accurate, click **Continue**.



The screenshot shows the "My Profile" page. The header includes "Home > My Profile". The page is divided into two main sections: "Basic Profile Details" and "Physical Address Details". The "Basic Profile Details" section includes fields for Name (Archana Marepally), Date of Birth (12/09/1990), Email Address (archana.marepally@idph.io), and Preferred Address. The "Physical Address Details" section includes fields for Address is, Street Number (1123), Street Prefix, Street Name (Dorset), Street Type (Drive), Street Direction, Unit Type, Unit Number, ATTN, City (Iowa City), County (Polk), State (Iowa), Country (US), Zip Code (50131), Phone 1 (7800099090), and Phone 2. The "Continue" button is highlighted with a red box, and a red arrow points to it from the text above. Other buttons include "Sign Off", "Help", "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

[Make Payment](#)

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 Tattoo Artist - Artist
Sign Off Applicant
Help

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.

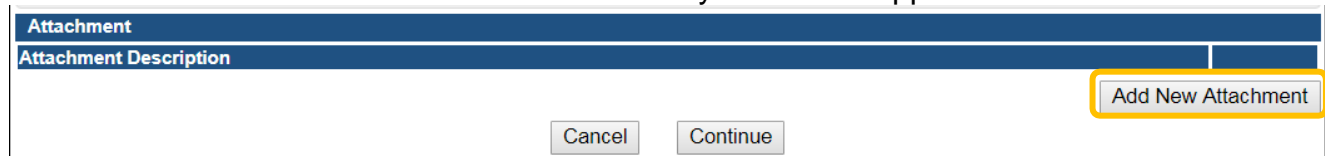
Tattoo Artist Info Details	
I have completed bloodborne pathogen training and am attaching documentation. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
I have completed first aid training and am attaching documentation. *	<input checked="" type="radio"/> Yes <input type="radio"/> No

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.



The screenshot shows a form with a blue header bar containing the text "Attachment" and "Attachment Description". Below the header is a large empty text area. At the bottom right of the form, a button labeled "Add New Attachment" is highlighted with a yellow border. At the bottom center, there are two buttons: "Cancel" and "Continue".

Click to select **Type** of attachment



The screenshot shows the "Attachment Description" form with the "Type" dropdown menu open. The dropdown list contains various attachment types. The "Choose File" button is highlighted with a yellow border. The text "No file chosen" is visible next to the button.

Choose a selection from the following from the list.

Enter the Description, then Click 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.

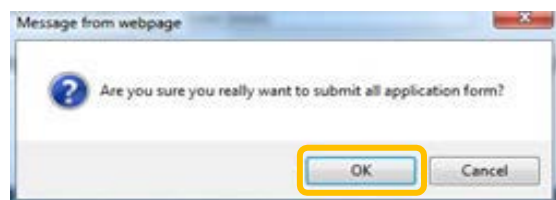


The screenshot shows the "Attachment Description" form with the "Attachment Description" field highlighted in blue.



The screenshot shows two buttons: "Cancel" and "Continue". The "Continue" button is highlighted with a red border.

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?". There are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a yellow border.


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.

The screenshot shows the 'Tattoo' application form. At the top, there is a breadcrumb trail: 'Home > My Programs > Apply for Program > Application Form > Application Form Supplemental'. Below this is a section titled 'TATI Contact List'. It contains a table with the following columns: 'Contact type', 'Contact First Name', 'Contact Last Name', 'Contact Phone Number', and 'Contact Email Address'. The 'Contact type' dropdown is set to 'No Employer'. Below the table is a scroll bar with an orange arrow pointing left. A message box below the scroll bar contains the following text: '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.' To the right of this message are 'Add' and 'Save' buttons. Below the message box is an 'Attachment' section with an 'Attachment Description' field and an 'Add New Attachment' button. At the bottom of the form are 'Cancel' and 'Continue' buttons, with the 'Continue' button highlighted with a red box.

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

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

 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 Terms and Conditions

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.)

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

[Become a Registered User](#)

Payment Method

Payment Method	<input type="text" value="Select"/>
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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.