

*IBOP Online iLems® Profile & Renewal User  
Manual  
Version 2.0*

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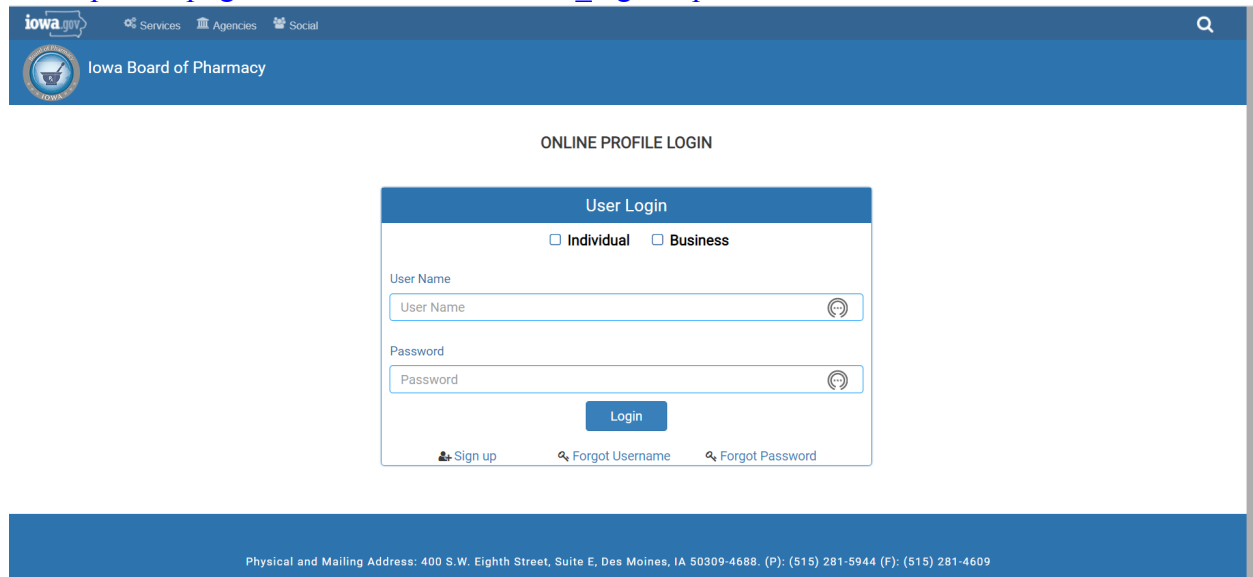
## **Introduction**

This document will guide the user through the necessary steps to navigate the Online iLems® Profile & Renewal module.

## Profile

1. On clicking the Online Profile portal, it will take you to the Online Profile Login - User Login / Sign up page i.e.

[https://ibop.igovsolution.net/online/User\\_login.aspx](https://ibop.igovsolution.net/online/User_login.aspx)



The screenshot shows the 'ONLINE PROFILE LOGIN' page. At the top, there is a navigation bar with 'iowa.gov', 'Services', 'Agencies', and 'Social' links. Below this is a blue header with the 'Iowa Board of Pharmacy' logo and name. The main content area is titled 'ONLINE PROFILE LOGIN' and contains a 'User Login' form. The form has two radio buttons: 'Individual' (selected) and 'Business'. Below these are two input fields: 'User Name' and 'Password', each with a search icon on the right. A 'Login' button is centered below the fields. At the bottom of the form are three links: 'Sign up', 'Forgot Username', and 'Forgot Password'. A footer bar at the bottom of the page contains the physical and mailing address: '400 S.W. Eighth Street, Suite E, Des Moines, IA 50309-4688. (P): (515) 281-5944 (F): (515) 281-4609'.

- 1.1. Click “Sign up” link and select “Individual” checkbox for a personal license/registration or select the “Business” checkbox if the license/registration is for a business.

**For Individual:**

Select the license type from the drop-down, enter the last name and Date of birth, enter the SSN and reenter the SSN

Registration Step 1 / 2

Individual  Permit

Please provide the information below.  
[Click here to verify your license #.](#)

\* License Type  
Pharmacist

\* Last Name  
Holous

\* Date of Birth  
05/01/1971

**Note : Please ignore the dashes (-). Type in only the 9 digits**

\* SSN  
.....

\* Confirm SSN  
.....

[Next](#)

[? Forgot Password](#)

**1.2.** Click Next and enter the credentials in the below screen and click Submit. **Note:** passwords must be at least eight (8) characters in length and must include at least one each of three (3) of the following: upper case alpha, lower case alpha, numeric, and special character.

Credentials Step 2 / 2

\* Email  
roy@igovsolution.com

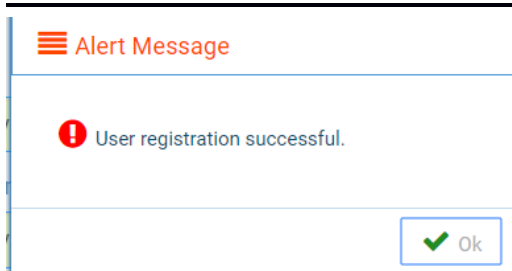
\* Confirm Email  
roy@igovsolution.com

\* User Name  
TestPharm

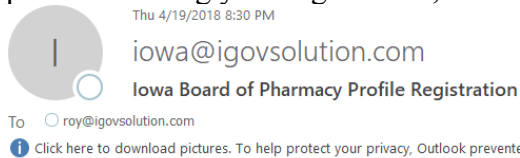
\* Password  
.....

\* Confirm Password  
.....

[Previous](#) [Submit](#)



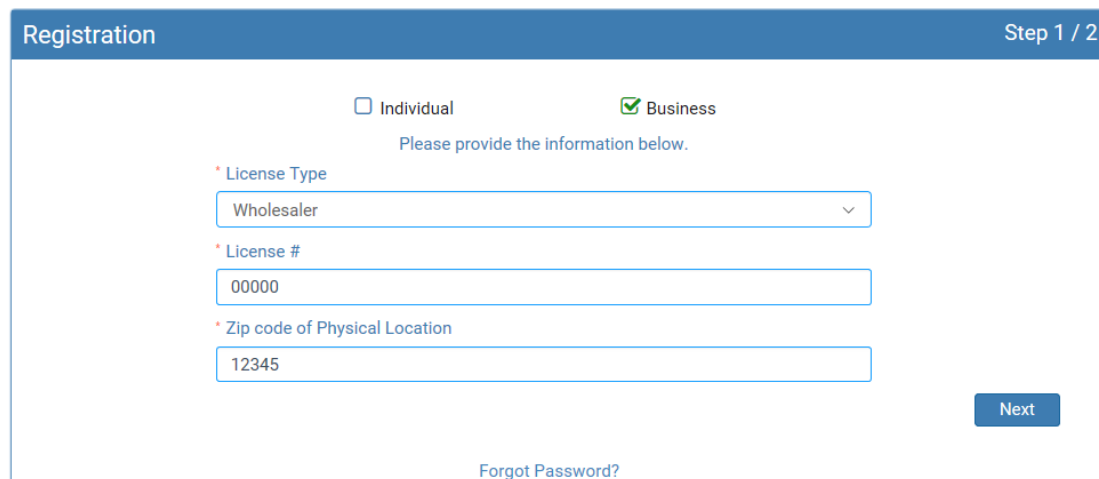
1.3 Once user registration is successful an e-mail will be triggered to the e-mail that you provided during your registration, like below:



Thank you for registering with the Iowa Board of Pharmacy. Your user name is TestPharm and your password has been set as requested. Please do not reply to this email.

### For Business:

- Select the license type from the drop-down, License#, Zip code of Physical location



Registration Step 1 / 2

Individual  Business

Please provide the information below.

\* License Type  
Wholesaler

\* License #  
00000

\* Zip code of Physical Location  
12345

Next

[Forgot Password?](#)

- In the following page enter the e-mail for the individual registering and re-enter the email to confirm, enter a username, and enter and confirm a password. **Note:** passwords must be at least eight (8) characters in length and must include at least one each of three (3) of the following: upper case alpha, lower case alpha, numeric, and special character.
- Click Submit. You will see a confirming message as shown below.

Credentials
Step 2 / 2

\* Email

\* Confirm Email

\* User Name

\* Password

\* Confirm Password

**Alert Message**

! User registration successful.

- Login to your profile with the User ID and password to continue to the Profile and Renewal page
- Make sure you select the appropriate choice: Individual / Business (without a proper selection you will not be allowed to continue)

2. Use the user id and password to login in the Profile page and it will take you to the Online profile login page:

- If there are multiple licenses tied to the same SSN / person (for Individual) or tied to same FEIN number (for Business), then it will show in the below tabular format. Identify and select the one that you want to renew / edit in Profile by clicking on that license number and it will open in a new tab.

ONLINE PROFILE LOGIN

Select License Number to Continue									
License #	License Type	Sub License type	Expiration Date	Name	License Status	Address	County	C S Z	
00000	Pharmacist in Charge -- NRP	PIC	12/31/2018	IBOP Renewal CSAIR	Current/Active	200 Test Road	Franklin 35	Alexander IA 50420	
00000	Technician	Certified Technician	08/28/2018	Testing Record NewTech	Delinquent	Penn Avenue South	United States	Des Moines IA 50309	

[Go Back](#)

ONLINE PROFILE LOGIN

Select License Number to Continue									
License #	License Type	Sub License type	Expiration Date	Name	License Status	Address	County	C S Z	
00000	Wholesaler	Manufacturer	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345	
00000	Pharmacy	Nonresident Pharmacy	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345	
00000	Outsourcing Facility	Outsourcing Facility	12/01/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345	
00000	CSA-Business	Analytical Lab	12/31/2018	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345	
00000	Pharmacy	General Pharmacy	12/01/2020	IBOP Test Profile	Current/Active	400 SW Eighth Street	Adair 1	Des Moines CA 12345	

[Go Back](#)

2.1 In the MyProfile page you will find information similar to the information displayed below, based on different license types, and most of these sections and fields are editable:

- **Personal Information (for Individual):** This section contains the information of Name, NABP e-Profile ID, Professional License#. Among these NABP e-Profile ID, Professional License# fields are editable. Click the Edit button, make changes as needed, and click the Save button. A popup box will confirm your changes – click OK to accept and move to the next sections.

Personal Information

First Name IBOP	Middle Name Renewal	Last Name CSAIR	Edit
*NABP e-Profile ID test	*Professional License # 567		
Save		Cancel	

- **Business information (for Business / License types):** This section contains the information of Business name, Legal name, FEIN number, Date started, Type of Ownership, NABP e-Profile ID, etc. Among these only the non-shaded fields, such as FEIN, Date started, NABP e-Profile ID, are editable.

Business Information

Business Name IBOP Test Profile	Legal Name test1	Edit
FEIN 00-0000001	Date Started 10/31/2018	
Type of Ownership LLC	NABP e-Profile ID test123	
Save		Cancel

- **License / Registration Information (Person / Business):** This section contains the licensee(s) / registrant(s) License or Registration details like License type, Sub-type, License#, Issue date, Exp date, Status, Last Renewal date, Renewal, and Certificate print. None of these fields are editable. The Certificate print can be used to print the License / Registration certificate. If the license / registration is due for Renewal, then only you will be able to see the Renew word on that line for the corresponding license type. After reviewing and updating all profile information, you may click the word Renew inline with the license or registration you want to renew and proceed to the Renewal questions and payment portal.

Registration Information

Type	Sub Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Pharmacy Support	PSP	0000	10/27/2018	12/31/2018	Current/Active		Renew Print
Pharmacist in Charge – NRP	PIC	00000	10/27/2018	12/31/2018	Current/Active		Renew Print
CSA-Individual	Advanced Registered Nurse Practitioner	111111	06/02/2014	12/01/2018	Current/Active	10/27/2018	Renew Print

- **Address:**
  - **For Individual:** There are 2 address sections: *i.* Primary Address – This is the address for Primary practice location for CSA-



Individual registrants for example, or for home address for other individuals, and *ii*. Other Address - this is the alternate mailing address. All these fields are editable

Primary Address (CSAs, please indicate your primary practice location; Pharmacists/Technicians, please indicate your primary address.) Edit

* Address 200 Test Road	Address Line 2 Palm Avenue	Address Line 3
Country United States	* Zip 50420	* City Alexander
* State IA	County Franklin 35	

Other Address (Board correspondence will be sent to Alternate Mailing Address if provided.) Add New Address

Address Type	Address1	Address2	Address3	City	State	Zip	County	Country	Edit	Delete
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		

- o **For Business:** There are 2 address sections: *i*. Physical Address information - This is the address of the Physical location of the business, and *ii*. Mailing address - if different from Physical address. Mailing address fields are editable; Physical Address fields are not editable.

Physical Address Information

* Address1 400 SW Eighth Street	Address 2 Suite E	Address3 test
* City Des Moines	* State CA	* County Adair 1
* Zip 12345		

Mailing Address (if different from Physical Address) Edit

Check if mailing address is the same as above.

* Address1 400 SW Eighth Street	Address2 Suite E	Address3 test
* City Des Moines	* State CA	* County Adair 1
* Zip 50309		

- **Contact Information (Phone, Email, Fax):** The contact information of the person or business is captured here. All these fields are editable

Phone, Email and Fax Edit

* Phone Type C	* Phone # ( ) - - - -	* Will you accept text messages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
* Alternate Phone Type C	Alternate Phone ( ) - - - -	* Will you accept text messages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* Email	Fax ( ) - - - -	

- **Document Details:** This is the section that will be used to capture all the documents that are uploaded as part of any Profile requirement. Be sure to select the appropriate Document Type from the drop-down before uploading any document. A user uploads the documents using "Attach" and "Upload Document" buttons. Some document types are Mandatory for certain license or registration types; please read the instructions accordingly for each license / registration type to

determine if any document type uploads are required for your license / registration type.

Document Details

Document Type :  Documents

Date	Document Type	File Name	Download
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	<a href="#">Download</a>
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	<a href="#">Download</a>
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	<a href="#">Download</a>
11/01/2018	FDA 483s, Warning Letters, and Responses	Sample.txt	<a href="#">Download</a>

**Note:**

1. Based on Person / Individual license type there will be some additional sections in the My Profile page and those are Mandatory sections / fields, so please read the instructions carefully.
2. Similarly, for different types of Businesses there will be some additional sections in the My Profile page and those are Mandatory sections / fields, so please read the instructions carefully

**3. Forgot User name:** This feature will help you to retrieve your registered user id that you identified to sign up in Step 1.2, in case you have forget the login user name.

- 3.1.** Check Individual or Business as appropriate and select the option -- Forgot Username

ONLINE PROFILE LOGIN

User Login

Individual     Business

User Name

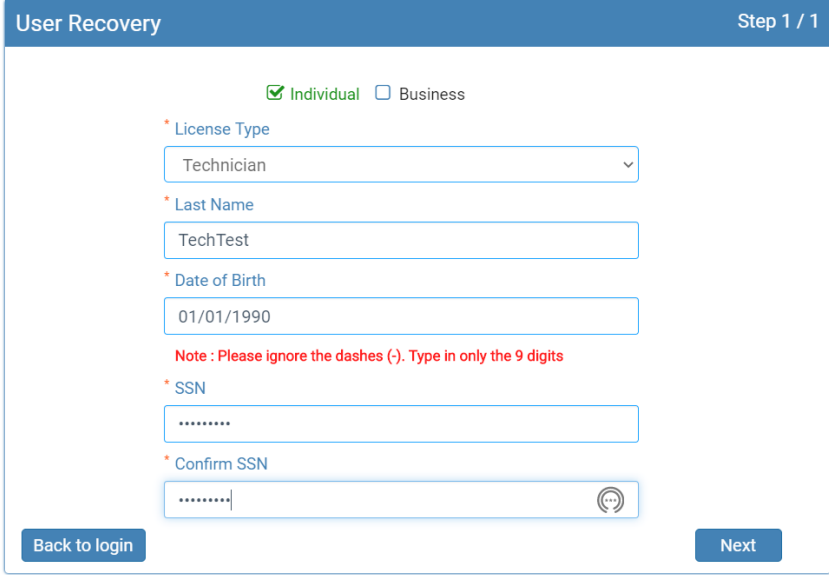
Password

Sign up
 Forgot Username
 Forgot Password

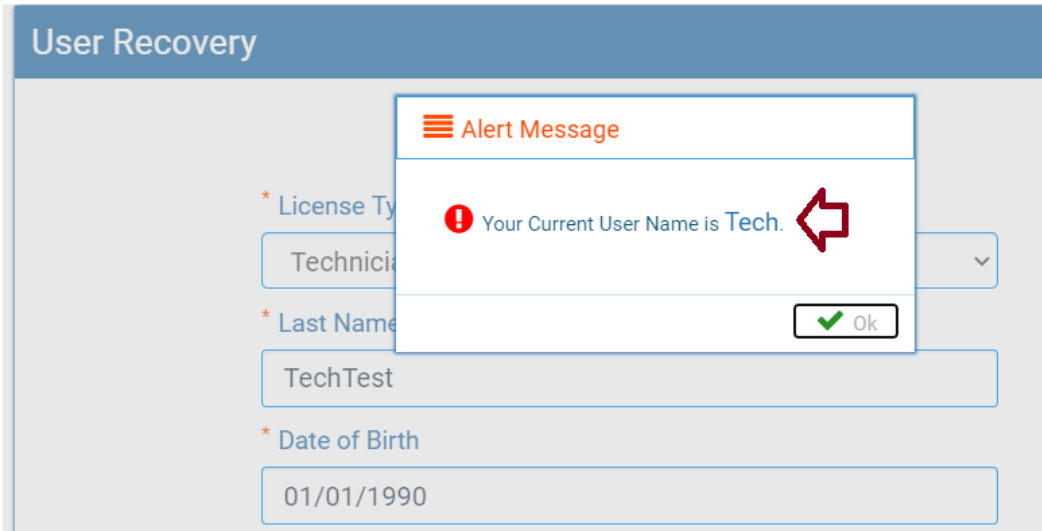
- 3.2.** If a person / Individual licensee, then select the following options:

3.2.1. License type from the drop-down option, enter Last name, DOB, SSN and reenter SSN for confirmation. This information must all match the information you provided when you initially registered.

ONLINE PROFILE



3.2.2. After you entered all the informations as mentioned on 3.2.1 then press Next button and it will show your user name in a pop up box as shown below:



3.2.3. In a similar way, if you are a business licensee / registrant, then check the box for Business and enter the license type from the drop-down, enter the license# and the zip code of the Physical location

User Recovery Step 1 / 1

Individual  Business

\* License Type

\* License #

\* Zip Code of Physical Location

[Back to login](#) [Next](#)

4. Forgot Password: This feature will assist you to reset your password if you have forgotten the password you identified at sign up.
- 4.1. First, click on the Forgot Password option in the User login home page as shown below:

#### ONLINE PROFILE LOGIN

User Login

Individual  Business

User Name

Password

[Login](#)

[+ Sign up](#) [Forgot Username](#) [Forgot Password](#)

- 4.2. **Important Note:** Please remember to accurately record or copy-paste the Temporary password that will be popped up in your screen after you reset your password here. It is strongly suggested that you copy the temporary password in a notepad in your computer system and copy the temporary password from there to the password reset and login screens to avoid any extra space(s) at the end or any mistyped characters. You will need to enter the temporary password twice during the password reset process.

- 4.3.** If you are an individual / person licensee, select the Individual checkbox; if you are a business licensee, select the Business checkbox

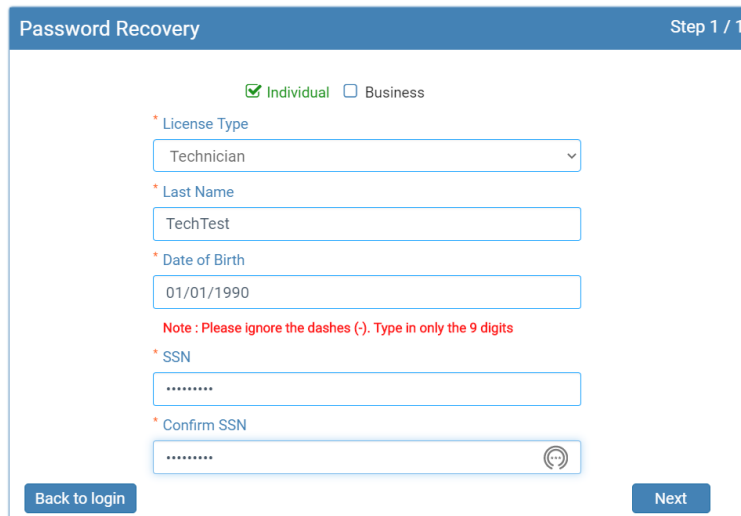


Password Recovery Step 1 / 1

Individual  Business

- 4.4.** Then enter the corresponding details (as shown below) and press the Next button. Note: this is an example from an individual licensee. A business licensee password can be reset in the same manner but the required detail information will differ.

ONLINE PROFILE



Password Recovery Step 1 / 1

Individual  Business

\* License Type  
Technician

\* Last Name  
TechTest

\* Date of Birth  
01/01/1990

Note : Please ignore the dashes (-). Type in only the 9 digits

\* SSN  
.....

\* Confirm SSN  
.....

Back to login Next

ONLINE PROFILE

Password Recovery
Step 1 / 1

Individual    Business

\* License Type

\* Last Name

\* Date of Birth

Note : Please ignore the dashes (-). Type in only the 9 digits

\* SSN

\* Confirm SSN

Alert Message

! Your temporary password is e&7ZL6g Please use this as your password in the next screen.

- 4.5.** Once you press the Ok button in the popup box, the system will redirect you to the User profile home page. Here you need to enter your username and this temporary password and press the Login button. On the next page / screen: enter this temporary password in the Old password box, then enter a new password and confirm the new password by reentering once more. Press Submit.

ONLINE PROFILE LOGIN

User Login

Individual    Business

User Name

Password

[Sign up](#)   [Forgot Username](#)   [Forgot Password](#)

### CHANGE PASSWORD

Credentials
Step 1 / 1

\* Old Password

\* New Password

\* Confirm New Password


- 4.6.** After successful completion of the step above it will redirect you again to the User profile page and now you should be able to login with your username and new password.

## Renewal

1. After validating all the information in the MyProfile section, click on the word Renew in the License / Registration section near the top of the MyProfile page

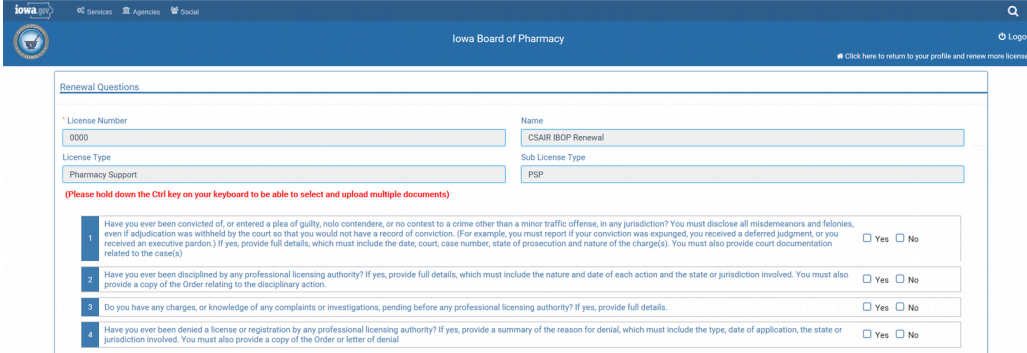
st wal e	Renewal	Certific
rs		
	<a href="#">Renew</a>	<a href="#">Prir</a>

2. After clicking on Renew, click Yes on the confirmation message.

 Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

- This will take you to the Renewal questions screen where the License number, License type, Sub license type, Name of the person / business will display.
- Below that header information, all of the renewal-related questions, each with a Yes / No response option, will be listed. Depending on the response on some renewal questions, an explanation may be required. Type the explanation in the box displayed. Certain responses to some questions may also require the upload of supporting documents.



The screenshot shows the 'Renewal Questions' page. At the top, there is a navigation bar with 'iowa.gov', 'Services', 'Agencies', and 'Social'. The page title is 'Iowa Board of Pharmacy'. Below the title, there are input fields for 'License Number' (0000), 'Name' (CSAIR IBOP Renewal), 'License Type' (Pharmacy Support), and 'Sub License Type' (PSP). A red note says '(Please hold down the Ctrl key on your keyboard to be able to select and upload multiple documents)'. There are four numbered questions with 'Yes' and 'No' radio buttons:

- Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.) If yes, provide full details, which must include the date, court, case number, state of prosecution and nature of the charge(s). You must also provide court documentation related to the case(s).  Yes  No
- Have you ever been disciplined by any professional licensing authority? If yes, provide full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide a copy of the Order relating to the disciplinary action.  Yes  No
- Do you have any charges, or knowledge of any complaints or investigations, pending before any professional licensing authority? If yes, provide full details.  Yes  No
- Have you ever been denied a license or registration by any professional licensing authority? If yes, provide a summary of the reason for denial, which must include the type, date of application, the state or jurisdiction involved. You must also provide a copy of the Order or letter of denial.  Yes  No

- Select the checkbox to the left of the certification statement above the signature line. The name of the licensee will be displayed on the signature line as will the current date. Once you click Proceed to Pay, the electronic signature will be completed, your renewal application will be submitted, and you will be taken to the online Payment page.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my registration. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.

Renewal Date : 11/1/2018      Elec-Signature : CSAIR IBOP Renewal

[Proceed To Pay](#)

**Note:** For Business / permits the Elec-Signature box could be blank and the person who is doing the submission needs to enter their name on this box

I hereby swear or affirm under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against this license. I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to exceptions in federal and state law.

Renewal Date : 11/1/2018      Elec-Signature : (Type in your full name) \_\_\_\_\_

[Proceed To Pay](#)