

# INSTRUCTIONS TO RENEW A TANNING FACILITY REGISTRATION

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 and linked to the Company.** 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, or linking to your existing business, contact the AMANDA Support Team: 1-855-824-4357.

## STEP 1: SIGN IN

Sign In on the portal home page.



The screenshot shows the IDPH Regulatory Programs portal 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".

## STEP 2: CHOOSE YOUR ESTABLISHMENT

On the **My Profile** page your facility will appear under **Registered User's Memberships**. Click on your facility so it appears highlighted, then click **Continue**.

If your existing company is not listed here, please contact AMANDA Support 1-855-824-4357.



The screenshot shows the "My Profile" page. The "Registered User's Memberships" section is highlighted with a red box, and "IDPH Facility" is selected. The "Continue" button is circled in yellow. The page also displays "Basic Profile Details" and "Physical Address Details".

Basic Profile Details		PIN: 349353	
Name:	Archana Marepally		
Date of Birth:	12/09/1990		
Email Address:			
Preferred Address:			

Physical Address Details			
Address is:		ATTN:	
Street Number:	10308	City:	Des Moines
Street Prefix:		County:	Polk
Street Name:	Dorset	State:	Iowa
Street Type:	Drive	Country:	US
Street Direction:		Zip Code:	50131
Unit Type:		Phone 1:	7800099090
Unit Number:		Phone 2:	Home

## STEP 3: RENEW

Next, you will be directed to the **My Programs** page for your facility. Click **Renew** next to your active license as shown.

Home > My Programs Archana Marepally - IDPH Facility

- Home
- Public Search
- My Profile
- Company Profile
- Member Management
- Apply for a Program
- Sign Off
- Help

Programs for IDPH Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
PARM36	Archana Marepally	Tanning Facility	Active	08/18/2017	09/30/2017	325235	<a href="#">Details</a>	<a href="#">Online Services</a>	<a href="#">Renew</a>

[Make Payment](#)

A pop-up will appear. Click OK to **Continue**.

Are you sure you really want to renew this program?

## STEP 4: APPLICATION FORM & APPLICATION FORM DETAILS

The renewal application will appear on the next screen. Click **Expand All** on the right side of the Application Form. Questions with a red asterisk \* or in pink/red are mandatory.

Application Form [Expand All](#)

- ▶ [Affirmation](#)
- ▶ [24 Hour/Electronic Tanning](#)
- ▶ [Tanning Facility Training](#)
- ▶ [Current Iowa Permit/Registration Number](#)

Attachment

Attachment Description
------------------------

[Add New Attachment](#)

## STEP 5: AFFIRMATION & 24hr ELECTRONIC TANNING

The Application Form section is required and all questions must be answered. If you answer **Yes** to any of these questions in the Affirmation section, provide a brief description of all relevant activities into the text box provided below. Additional details can be as an attachment if necessary. (See Step 7 for instruction on how to add attachments.)

▼ **Affirmation**

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 or the organization? \*  Yes  No

If yes, include the date, location, reason, and resolution.

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? \*  Yes  No

If yes, include the date, location, reason, and resolution.

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? \*  Yes  No

If yes, provide a description of the circumstances.

▼ **24 Hour/Electronic Tanning**

Is the facility offering tanning sessions under the 24 hour/electronic tanning rules? \*  Yes  No

## STEP 6: TANNING FACILITY TRAINING & IOWA REGISTRATION

Select "Yes" or "No" to the facility training questions, and then provide your current Tanning Registration Number.

▼ Tanning Facility Training

I have read the user manual and am familiar with its recommendations on exposure. *	<input type="radio"/> Yes	<input type="radio"/> No
I am familiar with the tanning unit(s) and how it/they work. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know how to determine tanning times according to skin type. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know how to adjust tanning times for previous tanning exposures, photosensitizing agents, and new lamps. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know how to clean the bed and what cleaning agent to use. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers recognize brands of goggles that are Approved. Check them for alterations and or cracks. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know what records are to be kept and where. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know where the consumer is to sign that they have read the IDPH health warnings. *	<input type="radio"/> Yes	<input type="radio"/> No
There is a facility procedure for denying tanning to those who refuse to follow required regulations. *	<input type="radio"/> Yes	<input type="radio"/> No
All operators and managers know the procedures for emergencies and where the phone numbers are located. *	<input type="radio"/> Yes	<input type="radio"/> No
I agree to train all operators according to IDPH employee testing and training. *	<input type="radio"/> Yes	<input type="radio"/> No

▼ Current Iowa Permit/Registration Number

Have you ever held an Iowa license under certification, registration, or permit for this program? \*

Yes  No

If yes, please provide previous number.

## STEP 7: ADD ATTACHMENTS & CONTINUE

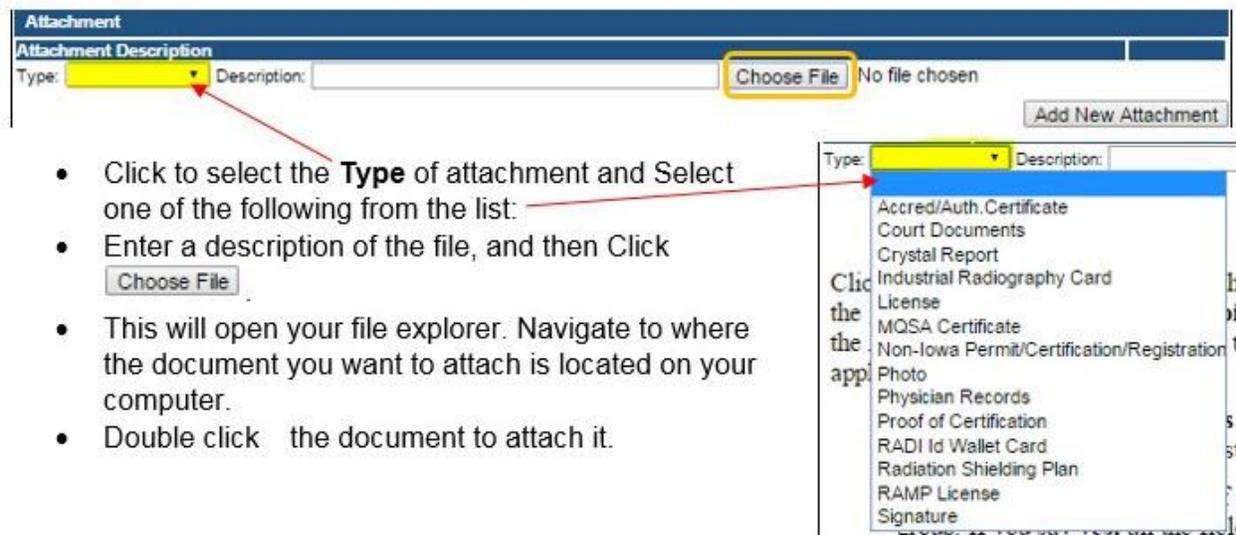
To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

**Skip this step if you do not have any attachments to add.**

Click **Add New Attachment** at the bottom of the application form.



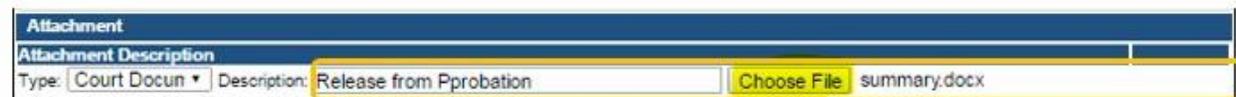
The screenshot shows the 'Attachment' form with the 'Add New Attachment' button highlighted in yellow. The form includes a 'Description' field and 'Cancel' and 'Continue' buttons.



The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open. The dropdown menu lists various attachment types such as 'Accred/Auth. Certificate', 'Court Documents', 'Crystal Report', 'Industrial Radiography Card', 'License', 'MQSA Certificate', 'Non-Iowa Permit/Certification/Registration', 'Photo', 'Physician Records', 'Proof of Certification', 'RADI Id Wallet Card', 'Radiation Shielding Plan', 'RAMP License', and 'Signature'. A red arrow points to the 'Type' dropdown menu.

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and 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.

The name of the document should appear next to the **Choose File** button.



The screenshot shows the 'Attachment' form with the 'Choose File' button highlighted in yellow. The 'Description' field contains 'Release from Pprobation' and the 'Choose File' button now displays 'summary.docx'.

Continue this process for each document needing to be attached.

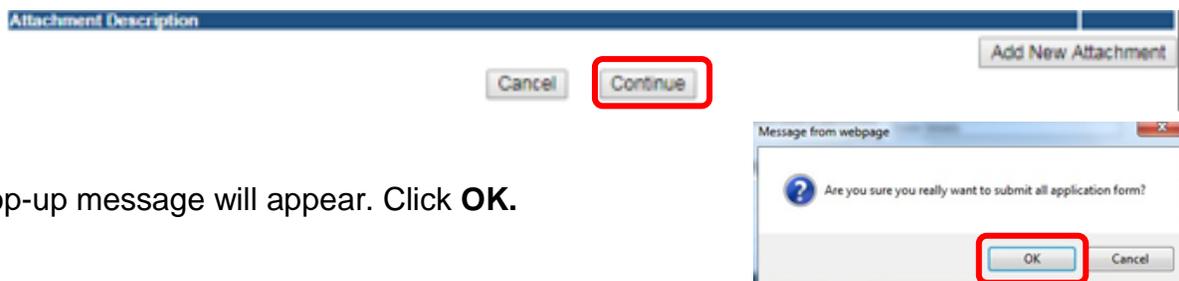
**NOTE:** If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

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.

You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

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



The screenshot shows the 'Attachment' form with the 'Continue' button highlighted in red. A pop-up message box is displayed, asking 'Are you sure you really want to submit all application form?' with the 'OK' button highlighted in red.

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

## STEP 8: APPLICATION FREE FORM

On the free form click “Expand All.” You will see the current Contact for your facility, the current Tanning Managers, as well as your current tanning beds/booths.

Process Free Form Description - Tanning Facility Application Review Expand All

- ▶ Tanning Facility Contact List
- ▶ Tanning Managers
- ▶ Tanning Device Information

You may edit this information or add new information by clicking the “Add” on any of the tabs. When you have finished reviewing this section, click “Continue” at the bottom of the page.

Process Free Form Description - Tanning Facility Application Review Expand All

- ▶ Tanning Facility Contact List
- ▶ Tanning Managers
- ▼ Tanning Device Information

Type	Manufacturer of device	Manufacture Date (Year)	Tanning Device Identifier
Bed	Solie	2011	0001
Booth	Solie	2017	0002

- 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

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

Message from webpage

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

OK Cancel

## STEP 9: 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**.

Home	Terms and Conditions
Sign Off	<h3 style="text-align: center;">Terms and Conditions</h3> <p>I am authorized to complete this application on behalf of the organization.</p> <p>As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, 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 this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.</p> <p>In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.</p> <p>I understand 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.</p> <p>I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.</p> <p style="text-align: center;"> <input type="checkbox"/> I agree with the terms and conditions.         </p> <p style="text-align: center;"> <input type="button" value="Continue"/> </p>
Help	

## STEP 10: 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 documentation, click the **Pay Later** button to be returned to your programs page. Click on Details next to your application 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						
Home						
Sign Off						
Help						
License Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542533	Tanning Facility	RADF	RENEW	TANF Application Fee	\$5.00	No
<b>Total</b>						
Fee Amount: \$100.00				Paid Amount: \$0.00		Fee Due \$5.00
					<input type="button" value="Pay Later"/> <input type="button" value="Pay Now"/>	

On the 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
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#### 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
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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	8
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