

INSTRUCTIONS TO APPLY FOR TANNING FACILITY

Once you sign in to the Public Portal, your screen should appear as follows. Click on the **My Profile** button.

- If you want to create a New Company or enter an existing company for the **first time**, click on the **Continue Button** (if you have never been registered for the license type you are applying for)
- If you are already an existing company, the company name should be listed in the left-hand column. Select the particular company and click on **Continue**.

Home > My Profile

Home | **Sign Off** | **Help**

Basic Profile Details PIN: 1892

Name: Adper Amandaone
Date of Birth: 11/24/1991
Email Address*: adperamandaone@gmail.com
Preferred Address: [Dropdown]

Registered User's Memberships | **Physical Address Details**

Select a Membership for your Actions

ATTN: [Text] | City*: Des Moines [Dropdown]
Street Number**: 09 | County: Page [Dropdown]
Street Prefix: North [Dropdown] | State*: Iowa [Dropdown]
Street Name**: Oliver | Country: US [Dropdown]
Street Type**: Drive [Dropdown] | Zip Code*: 56789
Street Direction: [Dropdown] | Phone 1*: 8990900900 [Text] Work [Dropdown]
Unit Type: [Dropdown] | Phone 2: [Text] Home [Dropdown]
Unit Number: [Text] | Phone 3: [Text] [Dropdown]

[Continue](#) [Reset](#) [Addresses](#)

If you want to create a Brand New Company or enter an existing company for the **first time**, click on **New Company Registration**. (If you have never been registered for the license type you are applying for)

Home > My Programs Adper Amandaone

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

Search Criteria

License Number: [Text]
Program: [Dropdown]
Status: [Dropdown]
City: [Text] [Dropdown]

[Search](#) [Reset](#)

Programs for Adper Amandaone

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
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[Make Payment](#)

Enter company and address details. Click on **Continue**. Your screen should appear as follows:

IDPH REGULATORY PROGRAMS
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Company Profile

Basic Profile Details

Home
Public Search
My Profile
Sign Off
Help

Company Name*: MercyXXXXXX
Tax ID / EIN / SSN*:
Company Type: Sole Proprietorship/Individual Ownership
Program Type: Radiological Facility
Preferred Address: Public Address
Email Address: me@gma.com

Physical Address Details

ATTN: City*: Polk
Street Number**: XXXXXX County:
Street Prefix: State*: Iowa
Street Name**: AD Country:
Street Type**: Crescent Zip Code*: 50322
Street Direction: Phone 1*: 7896788909 Home
Unit Type: Phone 2:
Unit Number: Phone 3:

[Continue](#) [Reset](#)

Once you click on **Continue**, it opens the following screen. Click on **Apply for Program**.

IDPH REGULATORY PROGRAMS
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs Adper Amandaone - MercyXXXXXX

Search Criteria

License Number:
Program:
Status:
City:

[Search](#) [Reset](#)

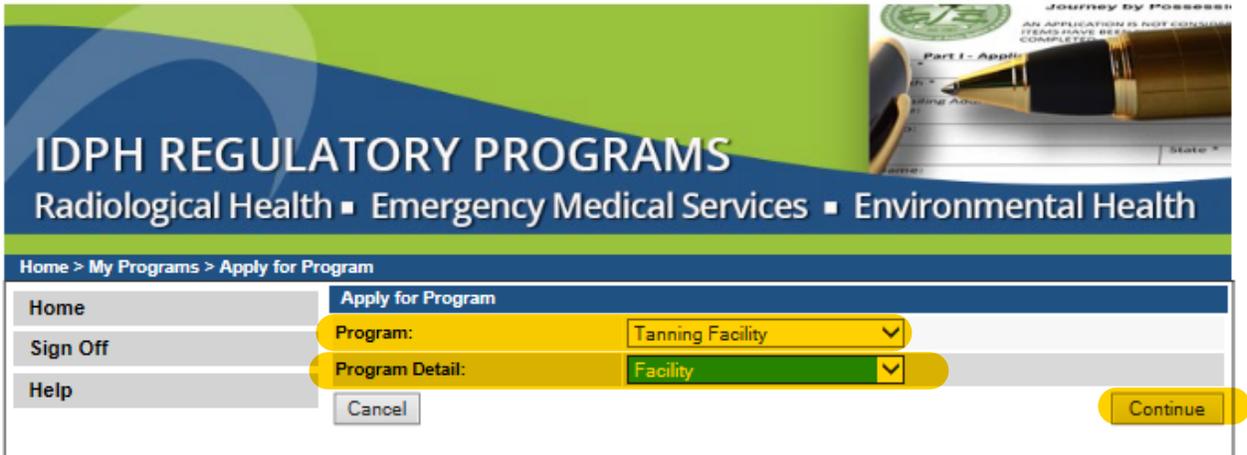
Programs for MercyXXXXXX

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

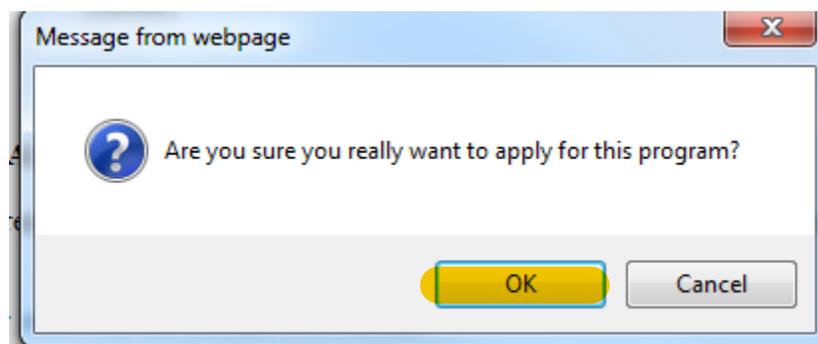
Once you have clicked on **Apply for Program**, you should see the following screen. Please select the **Program** and the **Program Details** from the dropdown lists.

- Select the Program
- Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
- Click the **Continue** button.

This is how you have to select Program and Program details for Tanning Facility.



It will pop-up message box that “Are you sure you really want to apply for this program?”, Click ‘OK’



Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or pink color** must be completed before you can move to the next screen in the Application Process. Please enter the information in the non-required fields to assist us in reviewing your application.

Affirmation: If you answer **Yes** to any of the Affirmation questions or info questions, enter the details in the text field below each question.

24 Hour/Electronic Tanning: Select **Yes** or **No** for the 24hrs/electronic tanning rules.

Tanning Facility Training: All questions are mandatory.

IDPH Reference: If you are applying for Renewal say **Yes** and enter Previous License number. If you are applying for the first time say **No**.

Press the **Continue** button to continue the application process.

NOTE:

If you click on **Cancel** button application will stop completely.

The screenshot shows the IDPH REGULATORY PROGRAMS Radiological Health Tanning application form. The header includes the program name and a navigation breadcrumb: Home > My Programs > Apply for Program > Application Form. The form is divided into several sections: a navigation menu (Home, Sign Off, Help), a header for the current section (Tanning Facility - Facility) showing applicant and facility details, an Application Form section with expandable tabs (Affirmation, 24 Hour/Electronic Tanning, Tanning Facility Training, IDPH Reference), and an Attachment section with an 'Add New Attachment' button. At the bottom, there are 'Cancel' and 'Continue' buttons.

Below are the examples how to enter the information by expanding the tab:

IDPH REGULATORY PROGRAMS Radiological Health

Tanning

Home > My Programs > Apply for Program > Application Form

Home	Tanning Facility - Facility
Sign Off	Applicant: Adper Amansone
Help	Facility: MercyXXXXXX

Application Form Expand All

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

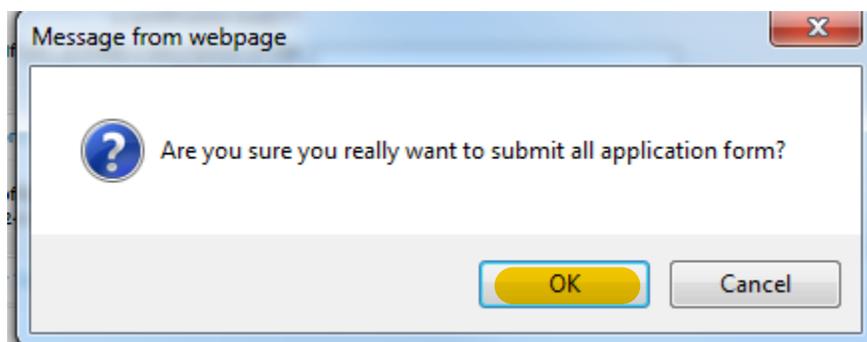
Tanning Facility Training

IDPH Reference

Attachment

Attachment Description

It will pop-up message box that "Are you sure you really want to apply for this program?", Click 'OK'



Note: If you click on **Cancel** button application will cancel completely.

While entering the information if you see any Pink fields those are mandatory it will not allow you to save if we don't give that information. Please make sure to complete all the fields before you can move to the next screen in the application process. Click on the orange arrow to expand the group tabs for entering all the information in the fields.

- **Contact List:** Manager and Owner contact details are mandatory. Expand the tab, click **Add** button to add Owner and Manager. You can only select the contact type by selecting contact type, and enter all the fields which are necessary. Once adding Owner and Managers Click **Save**.
- **Tanning Managers:** Tanning Manager is required. Expand the tab, the managers which you added in the contact list will display in the dropdown of Manager. You can select the tanning managers from the dropdown. Columns which are in pink color are mandatory. Click **Save**.
- **Tanning Device Information:** Expand the tab add the devices by clicking the **Add** button. Enter the information which is necessary for the device and **Save**.

Click on **Continue** button to complete the application.

The screenshot displays a mobile application interface with three expandable tabs, each containing a table with input fields. The fields are highlighted in yellow, and some are pink, indicating mandatory fields. The interface includes 'Add' and 'Save' buttons for each table, and 'Cancel' and 'Continue' buttons at the bottom.

Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number
Manager	Jack	John			
Owner	Jack	ed			

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.

Tanning Managers

Manager	Monitored Manager Exam Date	Manager Exam Expiration Date
Manager - John, Jack	11/30/2016	

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.

Tanning Device Information

Type	Manufacturer of device	Manufacture Date (Year)	Tanning Device Identifier
Booth	philips	2000	
Bed	ful	1991	

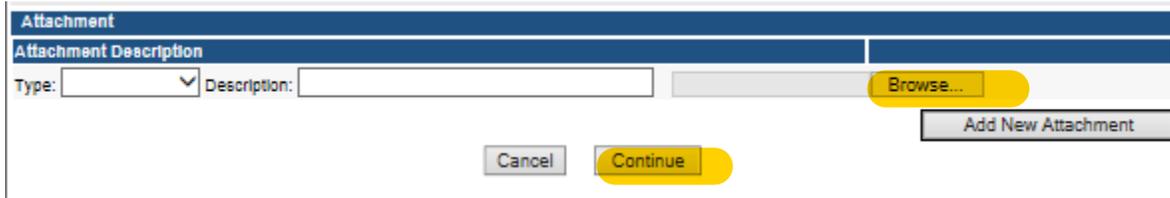
Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
Just clean all fields if you do not need a specific row or new added row.

Attachments

Attachment Description

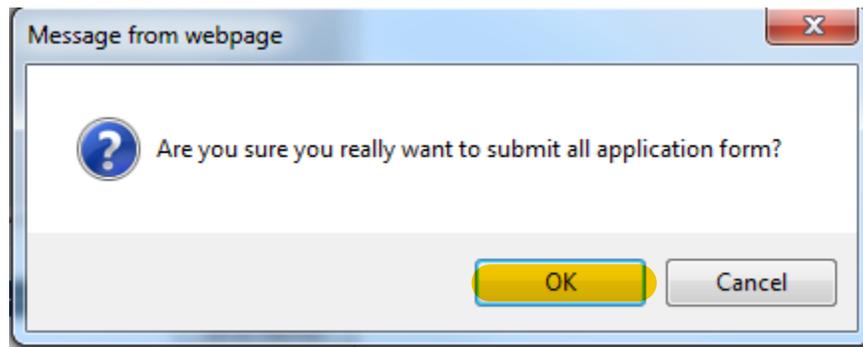
Buttons: Cancel, Continue, Add New Attachment

ATTACHMENTS: If you want to attach any document related to the license, click on **Add New Attachment** button.

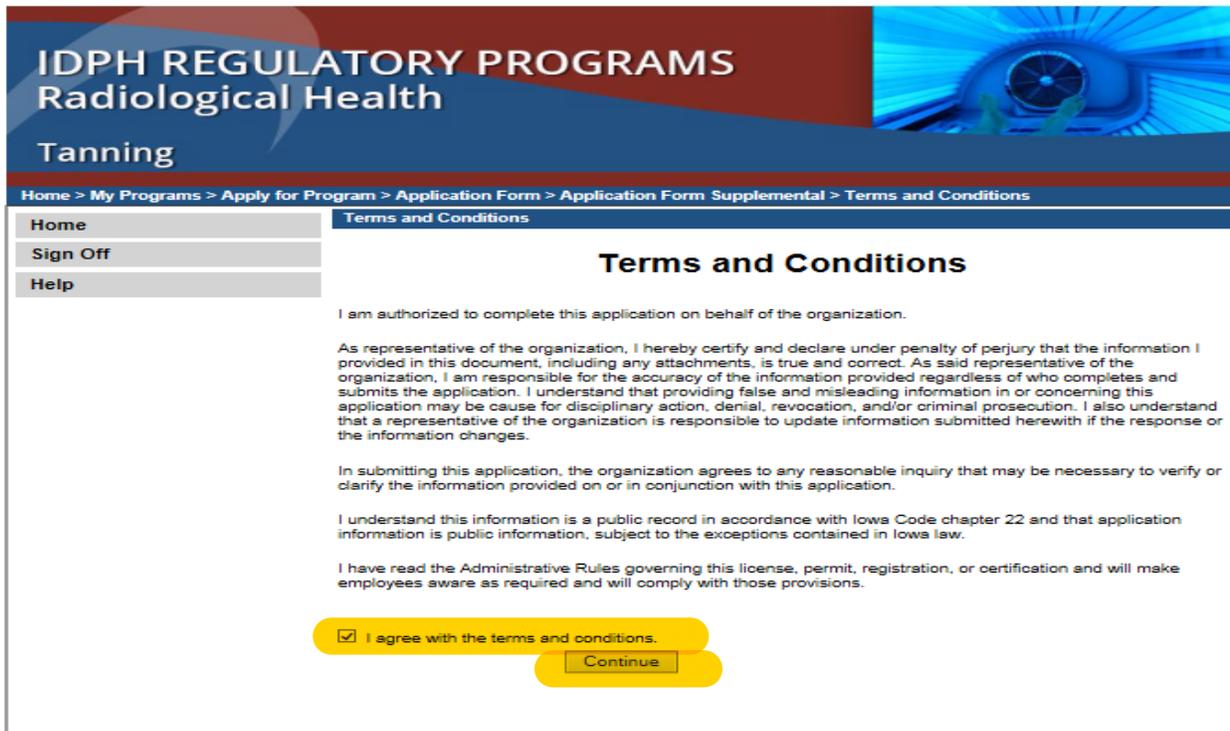


The image shows a web form titled "Attachment". It has a header "Attachment Description" and a sub-header "Attachment Description". Below this, there is a "Type:" dropdown menu and a "Description:" text input field. To the right of the description field is a yellow "Browse..." button. Below the description field is a grey "Add New Attachment" button. At the bottom of the form are two buttons: a grey "Cancel" button and a yellow "Continue" button.

It will pop-up message box that “Are you sure you really want to submit all the application form?”, Click ‘OK’.



Please accept **Terms and Conditions** by reading the full description. If you agree with the Terms and Conditions, **select the check box** and **click on Continue**.



The image shows a web page for "IDPH REGULATORY PROGRAMS Radiological Health Tanning". The page has a navigation menu with "Home", "Sign Off", and "Help". The main content area is titled "Terms and Conditions" and contains the following text:

I am authorized to complete this application on behalf of the organization.

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.

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.

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.

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.

At the bottom of the page, there is a yellow button with a checked checkbox and the text "I agree with the terms and conditions." and a yellow "Continue" button.

A payment page will open; you can choose the button **Pay Later** or **Pay Now**

Note: Your application is not considered submitted until payment is made.

IF YOU SAY PAY LATER:

If you want to send a **check** to IDPH Program Office, please enter a **Reference Row ID #** on the **Memo field of the Check**. **Reference Row ID # is displayed below the Fee Details in Make Payment Page.**

IDPH REGULATORY PROGRAMS
Radiological Health
Tanning

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

Home
Sign Off
Help

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

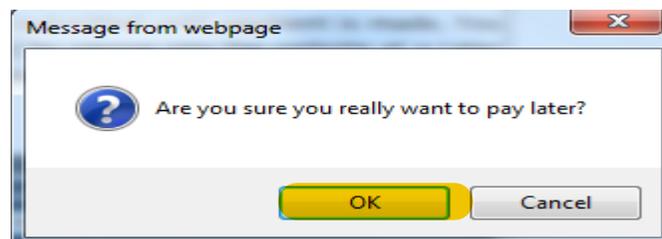
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
5041	Tanning Facility	Facility	New	Tanning Initial Fee	\$5.00	No

Total

Fee Amount:	\$5.00
Paid Amount:	\$0.00
Cancelled Amount:	\$0.00
Fee Due:	\$5.00

Payment Later Options
Cheque
Pay Later Pay Now

It will pop-up message box that “Are you sure you really want to pay later?”, Click ‘OK’.



You can Pay through only by Clicking on Make Payment button.

Note: Your application is not considered submitted until payment is made.

Home > My Programs Adper Amandaone - MercyXXXXXX

Search Criteria

License Number:

Program:

Status:

City:

Programs for MercyXXXXXX

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
	Adper Amandaone	Tanning Facility	New			Polk	Details	Online Services	

PAY ONLINE-IF YOU CLICK ON PAY NOW: Select **Online Payment** from dropdown. Click **Pay Now**.

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

Fee Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
5041	Tanning Facility	Facility	New	Tanning Initial Fee	\$5.00	No
Total						
					Fee Amount:	\$5.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$5.00

Payment Later Options

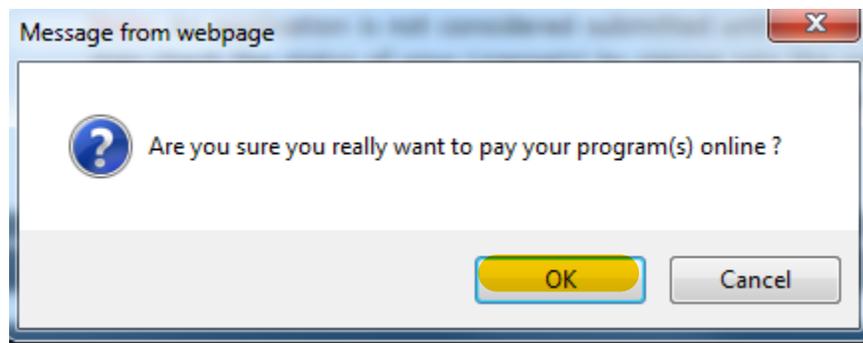
Page will Refresh. Below screen displays, click **Pay Now**

The screenshot shows a web page for the IDPH Regulatory Programs Radiological Health Tanning section. The page title is "IDPH REGULATORY PROGRAMS Radiological Health Tanning". The breadcrumb trail is: Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment. On the left, there are links for Home, Sign Off, and Help. The main content area contains a thank you message and a note: "Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the My Programs page. Application fees are non-refundable." Below this is a "Fee Details" table with columns: Reference (Row ID) #, Product Fee Description, Fee Amount, and Paid in Full. The table shows a single row for "Tanning" with a fee amount of \$5.00 and "No" paid in full. A "Total" section shows: Fee Amount: \$5.00, Paid Amount: \$0.00, and Fee Due: \$5.00. At the bottom right, there are "Pay Later" and "Pay Now" buttons.

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
5041	Tanning	\$5.00	No

Total	
Fee Amount:	\$5.00
Paid Amount:	\$0.00
Fee Due:	\$5.00

It will pop-up message box that “Are you sure you really want to pay your program?”, Click ‘OK’.



You should see the following screen. Select **Payment Method**, and fill in your payment details. Click **Continue**.

[Exit](#)



Electronic Payment Solutions

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs
Amount Due \$5.00

Payment Information

Frequency One Time
Payment Amount \$5.00
Payment Date Pay now

Contact Information

First Name	<input type="text" value="Adper"/>
Last Name	<input type="text" value="Amandaone"/>
Company	<input type="text" value="(Optional)"/>
Address 1	<input type="text" value="09 N Oliver Drive"/>
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="56789"/>
Country	<input type="text" value="US"/>
Phone Number	<input type="text" value="8990900900"/>
Email Address	<input type="text" value="adperamandaone@gmail.com"/>

Payment Method

Payment Method

[Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs

Amount Due \$5.00

Payment Information

Frequency One Time

Payment Amount \$5.00

Payment Date Pay now

Contact Information

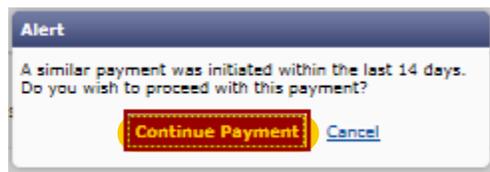
First Name
Last Name
Company
Address 1
Address 2
City/Town
State/Province/Region
Zip/Postal Code
Country
Phone Number
Email Address

Payment Method

Payment Method 
Card Number
Expiration Date
Card Security Code
Card Billing Address Use my contact information address
 Use a different address

[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  [Security](#)

Click **Continue Payment**.



Please review the information and select **Confirm** to process your payment. Select Back to return to the previous page to make changes to your payment.



Review Payment

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

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	\$5.00
Payment Date	11/22/2016

Payment Method

Payer Name	Adper Amandaone
Card Number	*1111
Expiration Date	Feb-2017
Card Type	Visa
Confirmation Email	adperamandaone@gmail.com

Billing Address

Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States

Contact Information

First Name	Adper
Last Name	Amandaone
Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States
Phone Number	8990900900
Email Address	adperamandaone@gmail.com

[Back](#)

Below is your confirmation page. Please keep a record of your Confirmation Number, or [print this page](#) for your records, click **Continue**.



Confirmation

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

Confirmation Number **IOWDPH004002325**

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	\$5.00
Payment Date	11/22/2016
Status	PROCESSED

Payment Method

Payer Name	Adper Amandaone
Card Number	*1111
Card Type	Visa
Confirmation Email	adperamandaone@gmail.com

Billing Address

Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States

[Continue](#)

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

[Home](#) > [My Programs](#) > [Apply for Program](#) > [Application Form](#) > [Application Form Supplemental](#) > [Terms and Conditions](#) > [Payment Receipt](#)

Thank you for using the Online Services.
Please **PRINT** this receipt here.

Receipt

Receipt Information

Receipt No.:	1500	Payment Date:	11/22/2016	Invoice No.:	4289
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Payer Information

Company:	
Payment Made By:	Adper Amandaone
	09 N Oliver Drive Des Moines, IA 56789 US
Phone No.:	(899)090-0900
Payment Method:	Online Payment
Payment Amount:	5.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004002325 Name=Adper Amandaone

Receipt Details

Fee Description	Internal Ref. No.	Amount
Tanning Initial Fee	5041	\$5.00
Total:		\$5.00

[Home](#)

[My Profile](#)

[My Programs](#)