INSTRUCTIONS TO RENEW RADIATION MACHINES

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 and set up your profile, go back to the IDPH Regulatory Programs - Permit to Practice 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, contact the AMANDA Support Team: 1-855-824-4357.

STEP 1: SIGN IN

Click Sign In on the portal home page.

IDPH REGULATORY PROGRAMS Radiological Health Emergency Medical Services Environmental Health	•
Home >	
Public Search	
Sign In	
New User Registration	
Help	
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	

Enter your Account ID and password, then click Sign In.



STEP 2: SELECT THE FACILITY

On your profile page the facility will be listed on the left side under **Registered User's Memberships**. Click on the Facility's name so it appears highlighted, then click **Continue**. **If you do not see your Facility listed, please call 855-824-4357.**

IDPH REGUL Radiological Healt	ATORY h = Emerge	PROG ency M	GRAMS	vices 🔳	Environmental Health
Home > My Profile					
Home	Basic Profile Det	tails			PIN: 349353
Sign Off	Name:		Archana Marepa	lly	
Sign On	Date of Birth:		12/09/1990		
Help	Email Address*:				
	Preferred Addres	s:			
Registered User's Memberships	Physical Addres	s Details			
IDPH Facility	Address is:	•		ATTN:	
121 m denity	Street Number*:	10308		City*:	Des Moines 🔻
	Street Prefix:		•	County:	Polk 🔻
	Street Name*:	Dorset		State*:	Iowa 🔻
	Street Type*:	Drive	•	Country:	US
	Street Direction:		T	Zip Code*:	50131
	Unit Type:		Y	Phone 1*:	7800099090 Work ▼
Select a Membership for your Actions	Unit Number:			Phone 2:	Home T
	WELCON	Continu IE TO Y	Reset	OFILE P.	Addresses

STEP 3: RENEW

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

Home > My Pr	rograms						A	rchana Marepally - l	aunch IT.
Home									
Public Sea	rch								
My Profile									
Company F	Profile								
Member Ma	anagement								
Apply for a	Program								
Sign Off									
Help									
Programs for	Launch IT								
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
DENT10044		Radiological Facility	Active	07/24/2017	08/01/2017	Des Moines	Details	Online Services	Renew
								Make	Payment

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

elpdphtest.iowa.gov says:		×
Are you sure you really want to renew this pro	ogram?	
	ОК	Cancel

STEP 4: APPLICATION FORM

The renewal application will appear on the next screen. Click **Expand All** on the right side of the **Application Form** section, and answer "Yes" or "No" to the questions provided.

IDPH REC Radiologi	GULATOF cal Healt	RY PROGE h	RAMS			
Facilities by	Machine					
Home > My Programs > Pi	rogram Details	Et. Dantal				
Home	License #	Application Date	lesue Date	Expiny Date	Status	Description
Sign Off	DENT10044	07/24/2017	ISSUE DULE	Expiry Date	Renewal	Renewal Folder
Help						
People Details						
	Role			Name		
Acceleration Promi	Facility			Launch IT		E
Application Form						Expand A
 Affirmation 						
Facility Details						
IDPH Reference						
Application Form Details						Expand A
Equipment List						
Mobile Sites						

STEP 5: APPLICATION FORM DETAILS

Click **Expand All** on the right side of the **Application Form Details** section.

If you are adding a new Equipment or Mobile Sites, click **Add** and enter the details for your machines, then click **Save**. If you do not need to add any new equipment, click **Continue**.

Application Form Details		Expand All
 Equipment List 		
Equipment Type	Current Status	Actions
 Currently there are only 10 rows you can add for more. Just clean all fields if you do not need a specific 	reach saving. Please save them first and then you can add and row or new added row.	Add Save
 Mobile Sites 		
Attachment		
Attachment Description	Cancel Continue	Add New Attachment

STEP 6: FACILITY CONTACT LIST

The Contact List for the Facility will appear on the next page. To add a new contact to your list, click **Add** and enter the contact details, then click **Save**. When you have finished, click **Continue** at the bottom of the screen.

 Free Form Des Facility Contact Li 	scription - Radiological Facility App	lication Rev	view				Collapse A
Removed thru Web 🔹	Contact type	*	Contact First Name	•	Contact Last Name	à	Contact
	CEO	۲	Hihram		Hougton		12345678
Currently there are o Just clean all fields if	nly 10 rows you can add for each saving. Pl you do not need a specific row or new add	lease save the led row.	em first and then you can add a	nothe	r 10 rows and more.		Add Sav
ttachment							
tachment Description							
					Ad	d New	Attachme
		Cancel	Continue				

STEP 7: UNIT INFORMATION

On the following page, enter information for each machine added. Then select an answer under **Public Portal Affirmation** and click **Continue**.

Unit Information Is this unit a Mobile Unit? Is this unit used outside of your facility?	© Yes			
Is this unit a Mobile Unit? Is this unit used outside of your facility?	© Yes			
Is this unit used outside of your facility?	O.V.	No		
	0 res	O No		
Machine Manufacturer				
Date of Radiation Shielding Plan acceptance by IDPH. (IDPH Office Use Only)				
Machine Model				
Machine Serial #				
Date of Manufacture				
Installation Date				
Room ID Number				
Service Provider - Company Name				
Service Provider - Registration Number				
Date of most recent calibration/service evaluation report				
Protocols in place for all exam types	© Yes	O No		
Public Portal Affirmation				
By checking this box, I am submitting this application for review with all required documentation and attachments.	O Yes	© No		
chment				
chment Description				
				Add New Attachmy
	0			Aud New Audening

STEP 8: TERMS AND CONDITIONS

Check the box as show to agree to Terms and Conditions and click Continue.

IDPH REGUL Radiological H	ATORY PROGRAMS Health
Facilities by Mac	nine
Home > My Programs > Apply for P	rogram > Application Form > Application Form Supplemental > Terms and Conditions
Home	Terms and Conditions
Sign Off	Terms and Conditions
Help	
	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 Iaw.
	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.
	✓ I agree with the terms and conditions. Continue Continue

STEP 9: MAKE A PAYMENT

To make a payment, click **Pay Now**, and then click **Pay Now** again on the next screen. You will be prompted to enter your payment information.

If you would like to return to your application later to pay, click **Pay Later**.

Fees shown in examples do not represent current fees

License Detail	S					
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
541537	Radiological Facility	Dental	Renewal	Radiological Equipment Fee	\$39.00	No
541537	Radiological Facility	Dental	Renewal	Radiological Equipment Fee	\$39.00	No
Total						
	Fee Amo	unt: \$78.00		Paid Amount: \$0.00		Fee Due: \$78.00
					Pay Later	r Pay Now
					Payment	Later Options
						•