

# Rostering Students to Your Training Program



Radiological Health • Emergency Medical Services • Environmental Health



## 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

NOTE: This application works best in Chrome and Safari. If you need to use Internet Explorer, you will need to change three settings in order for the portal to function properly. Pop up blocker must be turned off and iowa.gov added to compatibility view and to trusted sites.

INDIVIDUAL APPLICANTS: If you have an @IOWAID account and password, select the SignIn button. If you have never used the online services site, create an account by selecting the New User Registration button. Please view the following tutorial to assist you with creating your account.

#### INSTRUCTIONS TO CREATE ACCOUNT

BUSINESS APPLICANTS: An individual authorized to represent your account will need to SignIn or create a new account as described above. Once this Individual is Logged in, they will be able to create a New Business Profile to apply for the appropriate license on behalf of your business. Additional instructions will be provided on how to complete the Business Application once the Individual is Logged In.





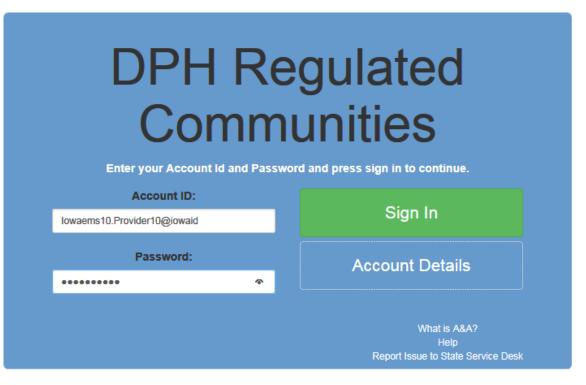




Create An Account

Forgot Password

Forgot Id



#### **Account Id Examples**

Public User Account Format:

firstname.lastname@iowaid

State Employee Account Format:

firstname.lastname@iowa.gov

\*If you do not have an @iowa.gov account use your State of Iowa employee email address.



Radiological Health • Emergency Medical Services • Environmental Health

Home	Basic Profile D	Details				P	IN: 6909
Sign Off	Name: Date of Birth:		lowaems10 l 07/04/1976	Provider10			
Help	Email Address*		iowaems10	.provider10@			
	Preferred Addre	ess:		~			
Registered User's Membership	s Physical Address	s Details	_				
Van Horn Test Facility	ATTN:			City*:	London	~	
vali from fest acility	Street Number**:	221B		County:	~		
	Street Prefix:	1	~	State*:	lowa	~	
	Street Name**:	Baker		Country:		~	
	Street Type**:	Street ~		Zip Code*:	90210		
	<b>Street Direction:</b>		~	Phone 1*:	5156534789	Home	~
	Unit Type:	~		Phone 2:			~
elect a Membership for your Actions	Unit Number:			Phone 3:			~
		Contin	Rese	et		Ade	dresses



#### IDPH REGULATORY PROGRAMS Radiological Health • Emergency Medical Services • Environmental Health Home > My Programs Iowaems10 Provider10 - Van Horn Test Facility Search Criteria Home License Number: **Public Search** Program: My Profile Status: **Company Profile** City: **Member Management** Search Reset Apply for a Program Sign Off Help **Programs for Van Horn Test Facility** Applicant **Issue Date Expiry Date** City Details Online Services Renew License # Program Des Moines **Education Facility** Active 01/08/2017 Online Services Make Daymont iew and edit the program detail

If you are an Individual and wants to apply for a New Individual License, clicken Apply for a Program on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company



		License #	Application D	ate I	ssue Date	Expiry Date	Status	Description
Sign Off			01/08/2017	(	01/08/2017		Active	Initial Folder
Help								
People Details								
Role					Name			
Facility				Var	Horn Test Fa	cility		
Application Form								Expand All
License Processes								Collapse All
Descrip	tion	S	tatus	Reque	ested Date	Expiry I	Date	Action
► Application Review	W							
Ed Facility Ap	p Review	Cor	mplete	01/	08/2017			
Course Re Course Re	-		proved proved					
Fees								
Fee List				Payment				
Bill Number	Descripti	ion	Fee Amount					
7945			\$0.00	No paymen	t to be display	ed.		
7947 7948			\$0.00 \$0.00					
7948 7949			\$0.00					
8158			\$0.00					
		Total	\$0.00					
								Total Due: \$0.00
Attachments								
Attachment Description								
					Add New	Attachment	Upload	Attachments
Online Services	Add Cert	ification						Back



me  In Off  Cect Certification  Group  Certification Name	Roster Atte					
lp ect Certification	Roster Atte					
ect Certification	Roster Atte					
	Roster Atte					
Croup . Cortification Name .		endees				
Group Certification Name	PIN	License #	First Name	Last Name		D (
LSR Initial Course LSR Initial Course					Search	Reset
LSR Refresher Course LSR Refresher Course						
Calcat Observed Osstifastion	Deater	- Danala Danand				
Select Checked Certification	Roster	r People Record				
ification						



Radiological Health • Emergency Medical Services • Environmental Health

#### Home > My Programs > Program Details > Certification

Home

Sign Off

Help

# Select Certification ✓ Group Certification Name ✓ LSR Initial Course LSR Refresher Course LSR Refresher Course

PIN		License #	First Name	Last Name	
			Angela	Leek	Search Reset
eople	9				
	PIN 🔺	License #	♦ Name ♦	Address	^
□ 2	641		Angela Leek	225 Hawthorne Drive No	walk, IA 50211
2	641		Angela Leek	225 Hawthorne Drive No	walk, IA 50211
		D101160	Angela Leek	225 Hawthorne Drive No	walk, IA 50211
					~
<					>

Select Checked Certification

Roster People Record

#### Certification

Attendee Exam Date Score Result Group Name Certification Name





Radiological Health • Emergency Medical Services • Environmental Health

#### Home > My Programs > Program Details > Certification

Home

Sign Off

Help

#### **Select Certification**

<b>✓</b>	Group 🛧	Certification Name 🔺
<b>✓</b>	LSR Initial Course	LSR Initial Course
<b>✓</b>	LSR Refresher Course	LSR Refresher Course

Select Checked Certification

#### Roster Attendees

	PIN 🔺	License #	<b>\$</b>	Name \$	Address		: 1
	2641			Angela Leek	225 Hawthorne Drive	Norwalk, IA 502	211
	2641			Angela Leek	225 Hawthorne Drive	Norwalk, IA 502	211
<b>✓</b>	2641	RAD101160		Angela Leek	225 Hawthorne Drive	Norwalk, IA 502	211

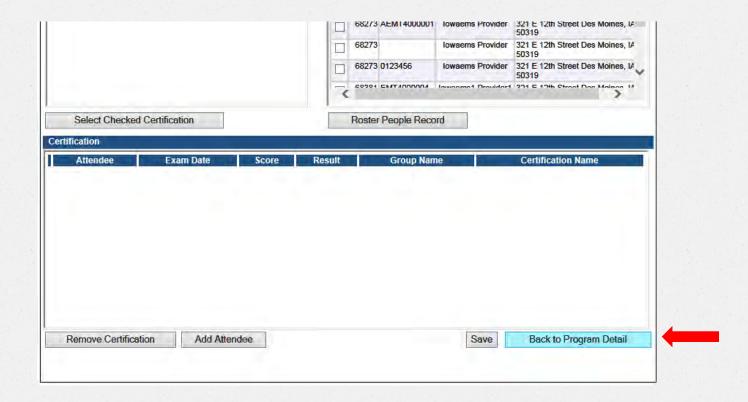
Roster People Record



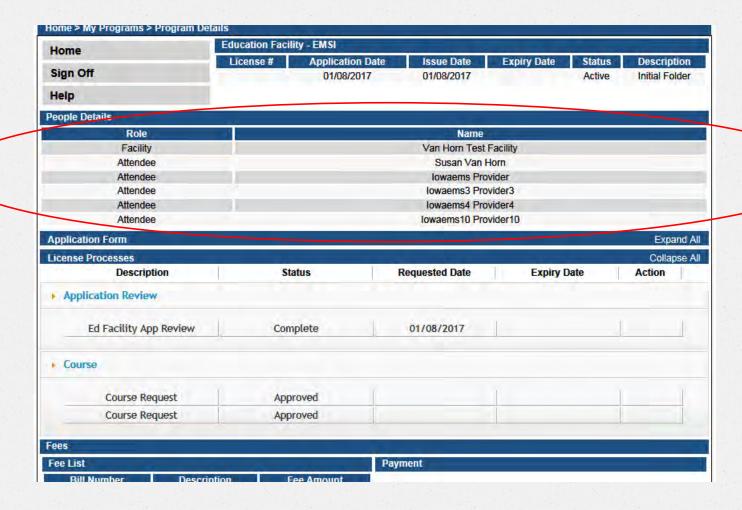


Continue process until all students have been rostered









## Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

ADPEREHreg@idph.iowa.gov