

Iowa Department of Public Health Bureau of Environmental Health Services

Uploading Student's Photo



IDPH REGULATORY PROGRAMS

Radiological Health • Emergency Medical Services • Environmental Health

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

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.





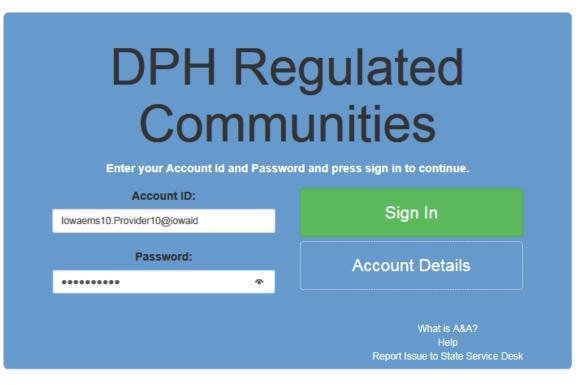




Create An Account

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.



IDPH REGULATORY PROGRAMS

Radiological Health • Emergency Medical Services • Environmental Health

lome	Basic Profile D	Basic Profile Details				PI	N: 6909
	Name:		Iowaems10 Provider10				
Sign Off	Date of Birth:		07/04/1976				
Help	Email Address*	Email Address*:		iowaems10.provider10@			
	Preferred Address:		Y				
legistered User's Membership	s Physical Addres	s Details					
Van Horn Test Facility	ATTN:			City*:	London	~	
	Street Number**:	221B		County:	~		
	Street Prefix:	~		State*:	lowa	~	
	Street Name**:	Baker		Country:		~	
	Street Type**:	Street ~		Zip Code*:	90210		
	Street Direction:	~		Phone 1*:	5156534789	Home	~
	Unit Type:	~		Phone 2:			~
elect a Membership for your Actions	Unit Number:			Phone 3:			~
		Continu	e Reset			Add	resses



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** V 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, click on 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

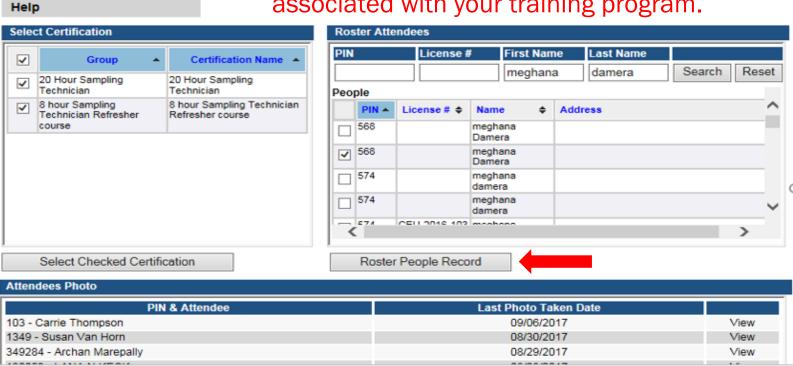


Sign Off		License #	# Application D 01/08/2017		Expiry Date	Status Active	Descriptio				
Help			01/06/2017	01/00/2017		Active	Illiuai Folde	51			
People Details Role				Name							
Facility		Name Van Horn Test Facility									
Application Form					,		Expand	I All			
License Processes							Collapse				
Description		Status		Requested Date	Expiry D	ate	Action				
► Application Revie	w										
• • • • • • • • • • • • • • • • • • • •											
Ed Facility A	Ed Facility App Review		Complete	01/08/2017							
→ Course											
Course Re	Course Request		Approved								
Course Re	Course Request		Approved								
Fees											
Fee List				Payment							
Bill Number	Description F		Fee Amount	Payment							
7945	Descript	\$0.00 \$0.00		No payment to be displayed.							
7947											
7948			\$0.00								
7949			\$0.00								
8158			\$0.00								
		Total	\$0.00								
						Т	otal Due: \$0	0.00			
Attachments											
Attachment Description											
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Online Services	Add Cert	tification					В	ack			

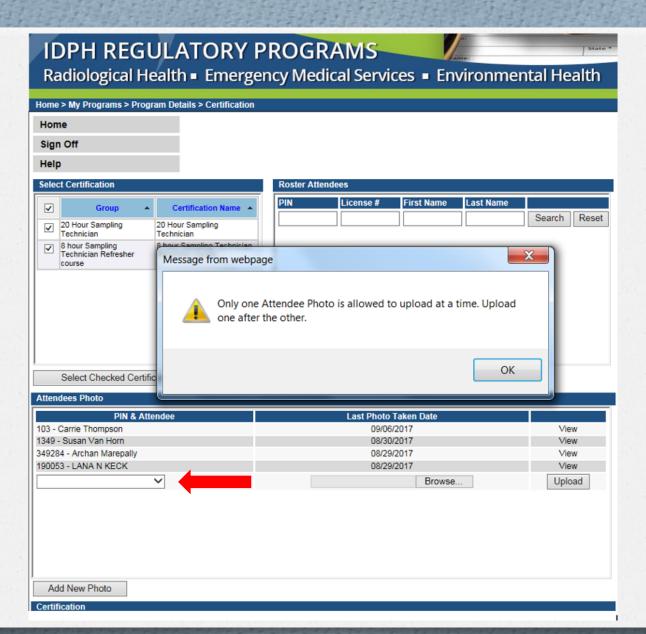


IDPH REGULATORY PROGRAMS Radiological Health ■ Emergency Medical Services ■ Environmental Health Home > My Programs > Program Details > Certification Home Sign Off This step only necessary if not already

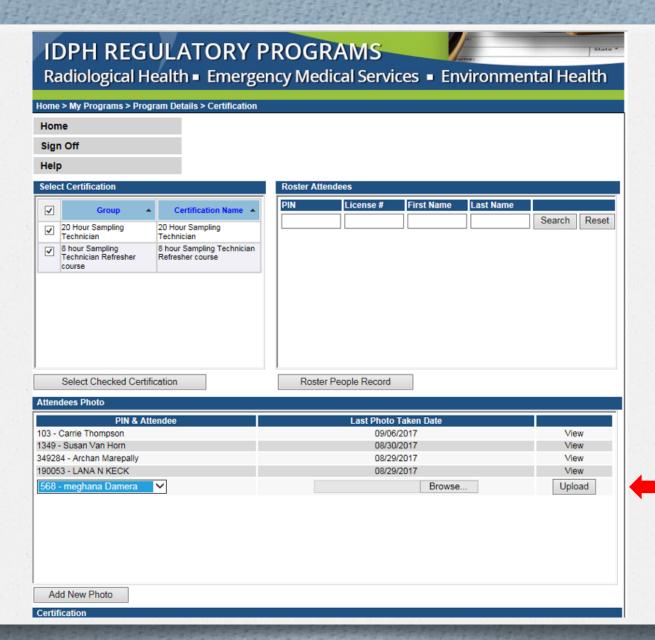
This step only necessary if not already associated with your training program.





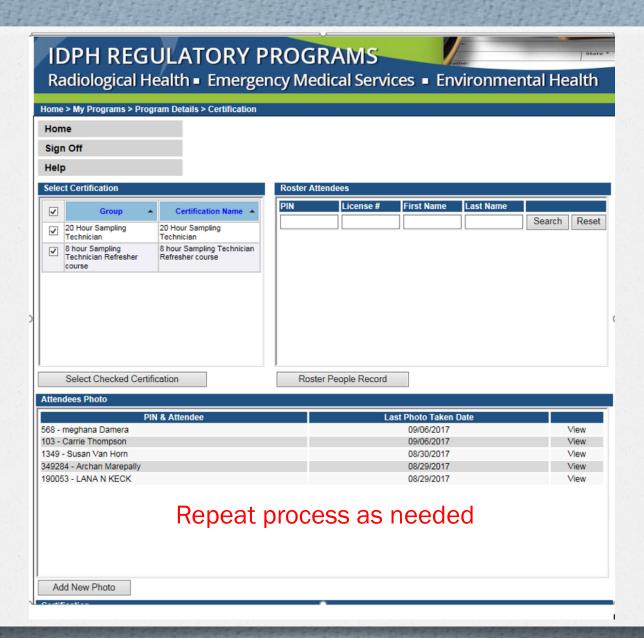












Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

ADPEREHreg@idph.iowa.gov