INSTRUCTIONS TO RENEW A LEAD FIRM LICENSE

Use the following link to access the online licensing system: https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp

These instructions assume you have already created an A&A account & set up your **Profile Page**. If you have not created an account, go back to the IDPH Regulatory Programs - LEAD Page and follow the "How to create an account" instructions. **NOTE**: <u>You must use either **Google Chrome** or **Safari** when applying online.</u>

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

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 REGULA Radiological Health	TORY PROGRA Emergency Medica	MS I Services = Environn	nental Health
Home >			
Public Search			
Sign In			
New User Registration			
Help			
WELCOME TO THE O BUR BUR	NLINE SERVICES SITE F EAU OF EMERGENCY AN EAU OF ENVIRONMENT BUREAU OF RADIOLO	DR REGULATORY PROGI D TRAUMA SERVICES AL HEALTH SERVICES GICAL HEALTH	RAMS WITHIN:

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.**

11 mars	Basic Profile De	tails			PIN: 340
Home	Name:	Archana	Varenally		P INC 344
Sign Off	Date of Birth:	12/09/199	0		
Help	Email Address*:				
	Preferred Address	5:	•		
Registered User's Membershi	ps Physical Addres	s Details			_
	Address is:	•	ATTN:	[
Lead Firm	Street Number*:	10308	City*:	Des Moines	•
	Street Prefix:	•	County:	Polk •	
	Street Name*:	Dorset	State":	Iowa	۲
	Street Type":	Drive •	Country:	US	•
	Street Direction:		Zip Code":	50131	
	Unit Tune:		Dhone 11	7800099090	
	onic type.	· ·	Phone T.	Work •	
	· Unit Number:		Phone 2:		
elect a Membership for your Actions		\sim		Home •	

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 Progra	ms								
Home									
Public Search									
My Profile									
Company Profi	le								
Member Manag	jement								
Apply for a Pro	gram								
Sign Off									
Help									
Programs for IDPH	l Facility								
License # FIRM10095	Applicant	Program Lead Firm	Status Active	Issue Date 08/24/2017	Expiry Date 08/31/2017	City 325235	Details Details	Online Services Online Services Make	Renew Renew Payment
A pop-up w	ill appear. C	lick OK t	to Cor	ntinue.	elpdphtest.i Are you sure yo	OWA.GOV Sa	ys: to renew this	program?	×

STEP 4: APPLICATION FORM

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 highlighted in pink are mandatory.

Lead Poisoning Prevention	
Home > My Programs > Apply for Program > Application	Form
Home	Lead Firm - Firm
Sign Off	Applicant Facility IDPH Facility
Help	
Application Form	Expand All
Affirmation	
> Lead Firm Info Details	
Application Form Details	Expand All
Certified Lead Professionals	
Notifications of Projects	
Attachment	
Attachment Description	Cancel Continue

STEP 5: AFFIRMATION AND FIRM DEATILS

This section is required for all License submissions, and all questions must be answered.

Click **Expand All** on the right side of the application form to view all the questions.

If you answer **Yes** to any of these questions, provide a brief description of all relevant activities into the text box provided below. Additional details can be provided in an attachment if necessary. (See Step 8 for instruction on how to add attachments.)

Home	Lead Firm - Firm
Sign Off	Applicant Archana Marepally
sign on	Facility IDPH Facility
Help	
Application Form	
 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? *	O Yes O 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?	O Yes O 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.	
Lead Firm Info Details	
Do you want us to list your work number on our	

STEP 6: CERTIFIED LEAD PROFESSIONALS

The **Certified Lead Professionals** for the Facility will appear on the same page. Edit your Certified Professionals as needed. To add a new professional 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.

Application Form Details			E	xpand Al
Certified Lead Professionals				
Type of certified lead professional employed by firm	Employment Type	Certified Professional Name	Is This Professional Certified?	If Yes, Cer
Lead Abatement Contractor	Employee 🔻		No 🔻	
()			_	
 Currently there are only 10 rows you can add for each saving. Just clean all fields if you do not need a specific row or new additional statements. 	Please save them first and th dded row.	en you can add another 10 rows ar	nd more. Add	Save
Notifications of Projects				
Attachment				
Attachment Description				
			Add New Att	achment
	Cancel	ue		

STEP 7: ADD ATTACHMENTS & CONTINUE

To add any required documentation, you will need to click **Add New Attachment**. Skip this step if you do not have any attachments to add.

Attachment Description			Add New Attachment
Attachment Attachment Description Type: Description:	e File N	lo file chosen	Add New Attachment
Click to select the Type of attachment and Select	Type:	•	Description:
 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. 	Clic the the app	Accred/Auth.Ce Court Documen Crystal Report Industrial Radio License MQSA Certificat Non-Iowa Perm Photo Physician Recor Proof of Certific RADI Id Wallet (Radiation Shield RAMP License Signature	rtificate ts graphy Card te it/Certification/Registratio ds ation Card ting Plan

Attachment		
Attachment Description		
Type: Court Docun * Description: Release from Pprobation	Choose File summary.docx	

Continue this process for each document needing to be attached.

NOTE: If you attach a document in error, <u>it cannot be removed by you</u>. 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.

STEP 8: FACILITY CONTACT LIST

The Contact List for the Facility will appear on the next page. Edit your contact list as needed. 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.

Process Free Form Description	on - LEDF Application Review	1		Collapse All
LEDF Contact List				
Contact type 🔹	Contact First Name -	Contact Last Name	Contact Phone Number	Contact Email Address
Designated Firm Contact 🔻	Hiram	Houghton		
4				
Currently there are only 10 r	rows you can add for each saving. P	lease save them first and then	you can add another 10 rows and mor	P. Add Save
 Just clean all fields if you do 	not need a specific row or new add	ded row.	,	Add Save
Attachment				
Attachment beachpuon				Add New Attachment
		Cancel	ה	And their Automitten

STEP 9: TERMS AND CONDITIONS

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

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.