# INSTRUCTIONS ON HOW TO APPLY FOR A JOURNEYPERSON OR MASTER EXAM WITH AN EXISTING EXAM FOLDER

For assistance with creating an IDPH account or finding or resetting an IDPH username and password, you will need to call the **OICO Help Desk**: 515-281-5703 or 1-800-532-1174

For assistance with navigating the licensing portal once you have an A&A account, please contact the **AMANDA Support Team** 1-855-824-4357

For specific questions regarding the **lowa Plumbing and Mechanical Systems** program or license requirements, please visit the website <u>http://idph.iowa.gov/pmsb or call 1-866-280-1521</u>

# **BEFORE YOU BEGIN:**

THESE INSTRUCTIONS ASSUME YOU HAVE ALREADY FOLLOWED THE STEPS TO CREATE AN A&A ACCOUNT AND SET UP YOUR AMANDA PROFILE PAGE. If you have not done these steps, go back to the IDPH Regulatory Programs Page and follow the instructions to create an account.

THESE INSTRUCTIONS ASSUME THAT YOU HAVE <u>PREVIOUSLY</u> SUBMITTED AN APPLICATION FOR A PMSB LICENSE OR EXAM. If you DO NOT have an existing license or previous exam application, the steps are different. Please go back to the instruction page (on IDPH Regulatory Programs) and find the instructions for people who already hold at least one license or exam approval.

If you hold a license with the Board and do not see it listed, please **STOP** and contact the AMANDA Support Team at 1-855-824-4357.

You must be on a computer using Google Chrome or Safari when applying online.

- **Apprentices**: you will need your apprentice ID number, sponsor ID number, whether you were awarded advanced credit hours and the number of months of credit (ex: tested out of year 1 and were given 12 months' credit). Contact your apprentice sponsor or Dept. of Labor if you do not know this info.
- If Basis for Exam is 4 years of experience prior to 2010: you must have names, dates, and location
  of previous employment. You will be required to attach the notarized Affidavit of Employment or
  mail the affidavit separately. Your application will NOT be processed without this document. It
  must be notarized.
- If basis for exam is previous master license, you must be able to provide details about the license including license number, state or jurisdiction, license trade/type, and where the license can be verified (phone number or website).
- If basis for exam is Journey License with 2 years of experience, you must be able to provide details about the experience including names, dates, and location of previous employment or experience. You must also be able to provide details about the license including license number, state/jurisdiction, license trade/type, and where the license can be verified unless it is a state of lowa license.
- If basis for exam is Military the training must be PRIOR approved. Contact the board office before submitting an application.

# **STEP 1: SIGN IN WITH EXISTING ACCOUNT**

When you have created your A&A account and set up your profile, sign in to submit an application.

- Verify all information is correct.
- Make any necessary corrections.
- To add additional addresses or contact information, click on the Addresses button.
- Click **Continue** when finished.

lome	Basic Profile D	Hotalia .			PIN:	
ign Off Ielp	Name: Date of Birth: Email Address*	1	Your Name			
egistered User's Memberships	Physical Address	Details	Physical Address •			_
*	ATTN:		City":	Des Moines	•	
	Street Number**:	5555	County:	•		
	Street Prefix:	•	State*:	iowa 🔹	1	
	Street Name**:	55th	Country:	USA		
	Street Type**:	Avenue *	Zip Code":	55555		
	Street Direction:	•	Phone 1*:	555-555-5555	Home	٠
	Unit Type:	•	Phone 2:			٠
	Unit Number:		Phone 3:		]	٠
-						
st a Ventieship for your Actions		Conti	Reset		Add	ress

You will now be taken to the My Programs page.

# **STEP 2: OPEN YOUR EXISTING EXAM FOLDER**

Click on **Details** next to the Exam you would like to add to.

Home > My P	rograms								
Home									
Public Sea	rch								
My Profile									
New Comp	any Registrat	ion							
Apply for a	Program								
Sign Off									
Help									
Programs									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	<b>Online Services</b>	Renew
EXAM171033		Plumbing and Mechanical Systems	Active	05/15/2017		Des Moines	<b>Details</b>	Online Services	

# **STEP 3: SELECT PROGRAM**

- You will be taken to the Program Details page. Click Exam Candidate to expand.
- Click Add and fill out the available fields.
- Click **Save** when you have finished adding.

Application Form					Expand All
Affirmation					
Application Form Deta	ails				Expand All
License Select					
Continuing Educa	ation				
- Exam Candidate					
Exam Candidate	Trade/Specialty	Set License State	Status	Basis for Exam	
JourneyPerson 🔻	Plumbing •	New Exam Candidate •	Approved	Apprenticeship	۲
JourneyPerson •	HVAC/R •	New Exam Candidate •	Open	Apprenticeship	•
Currently there are	only 10 rows you can add for ea	ach saving. Please save them first a	nd then you can add anot	her 10 rows and more.	► Add Save

# TIPS FOR COMPLETING THE <u>EXAM CANDIDATE</u> SECTION.

- **MASTER** Sheet Metal is not a valid exam type. There is no master Sheet Metal exam.
- MASTER Exam candidates must choose a basis for exam of <u>Previous Master License</u> or <u>Previous</u> <u>lowa licensed Journeyperson</u>.
- **MILITARY** Select as a basis for exam ONLY if you have already been prior-approved by the board to sit for an examination under the Home Base Iowa Act.
- REINSTATEMENT Select as a basis for exam ONLY if you already have an Iowa license that has been lapsed for more than one year and you would like to test in lieu of retaking continuing education hours.

# **STEP 4 – SUPPLEMENTAL DETAILS**

Under License/Permit field, click Edit next to the License(s) you wish to add.

License Processes				Collapse Al
Description	Status	Requested Date	Expiry Date	Action
Application Review				
PMSB Exam Candidate Application Review	Complete	05/15/2017	05/15/2017	
License/Permit				
Journeyperson-Exam Candidate	Approved	05/15/2017	05/15/2017	
Journeyperson-Exam Candidate	Open			Edit

**NOTE:** Depending on the number and type of examination you are requesting, there may be multiple screens to complete.

- Click **Expand All** to see all the fields and fill out the relevant information for your application.
- After completing all relevant fields in the Supplemental Application, click Continue.

See below for examples of the types of information required for all the different applications.

#### Journeyperson - Apprenticeship

Process Description - Journeyperson-Exam Candidate	Expand All
Apprenticeship Details	
Process Free Form Description - Journeyperson-Exam Candidate	Expand All
Employer Details	
Military Service Details	
License Information	

Journeyperson – 4 Years' Experience Prior to 2010 (Employer Information is Required)

Process Description - Journeyperson-Exam Candidate	Expand All
Experience Prior to 2010	
Process Free Form Description - Journeyperson-Exam Candidate	Expand All
Employer Details	
Military Service Details	
License Information	

- Click **Add** to enter your employer information.
- Click Save after completing all the fields
- Use the scroll bar to view more fields (See the blue arrow below.)

•	Employer Details						
	Name of Employer	¢	Name of supervisor 🔺	Supervisor Telephone Number •	Supervisor Telephone Number	Your Jo	b Title 🗢
							JL
							$\sim$
•							•
	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 n	nore.	Add Save

#### Journeyperson – Reinstatement (License Information is required.)

Process Description - Journeyperson-Exam Candidate	Expand All
Reinstatement	
Process Free Form Description - Journeyperson-Exam Candidate	Expand All
Employer Details	
Military Service Details	
License Information	

#### Journeyperson - Military Experience (Military Details sections are required.)

Process Description - Journeyperson-Exam Candidate	Expand All
> Military Service Details	
Process Free Form Description - Journeyperson-Exam Candidate	Expand All
Employer Details	
Military Service Details	
License Information	

#### **Master** – Previous Iowa Licensed Journeyperson (<u>License Information is required</u>.)

Process Description - Master-Exam Candidate	Expand All
Previous Journey License	
Process Free Form Description - Master-Exam Candidate	Expand All
License Information	
Employer Details	
Military Service Details	

#### Master - Previous Master License (License Information is required.)

Process Description - Master-Exam Candidate	Expand All
Previous Master License	
Process Free Form Description - Master-Exam Candidate	Expand All
License Information	
Employer Details	
Military Service Details	

# **STEP 5 – ADD ATTACHMENTS**

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form. Skip if you have no attachments to add.

Attachment Attachment Description	
	Add New Attachment
Attachment         Attachment Description:         Type:       • Description:         • Click to select the <b>Type</b> of attachment and Select 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.	File       No file chosen         Type: <ul> <li>Description:</li> <li>Accred/Auth.Certificate</li> <li>Court Documents</li> <li>Crystal Report</li> <li>Industrial Radiography Card</li> <li>License</li> <li>MQSA Certificate</li> <li>Non-lowa Permit/Certification/Registration</li> <li>Physician Records</li> <li>Proof of Certification</li> <li>RADI Id Wallet Card</li> <li>RAMP License</li> <li>Signature</li> <li>Signature</li> <li>Signature</li> <li>Description:</li> <li>Court Documents</li> <li>Crystal Report</li> <li>MOSA Certification</li> <li>RADI Id Wallet Card</li> <li>RAMP License</li> <li>Signature</li> <li>Signature</li> <li>Station Shielding Plan</li> <li>RAMP License</li> <li>Signature</li> <li>Station Shielding Plan</li> <li>RAMP License</li> <li>Signature</li> <li>Station Shielding Plan</li> <li>Radiation Shielding Plan</li> <li>Signature</li> <li>Signature</li></ul>
The name of the document should appear next to the	🖆 Dutton.

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

• Continue the process above 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.

### WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.

• 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.

**NOTE**: You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

- After clicking **Continue** a pop-up message will appear.
- Click **OK** to proceed to the next page.

elpdphtest.iowa.gov says:		×
Are you sure you really want to submit all app	lication form?	
	ОК	Cancel

# **STEP 6 – MAKE A PAYMENT**

Next you will be taken to the Make Payment page.

#### PLEASE READ THE FOLLOWING DIRECTIONS BEFORE PROCEEDING.

If you need to attach additional documentation click the <u>Pay Later</u> button. Otherwise, skip to the <u>Pay</u> **Now** instructions on page 10.

Fee Details							
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
539622	Plumbing and Mechanical Systems	Exam Candidate	Active	PLMB Examination Fee	\$35.00	Yes	
539622	Plumbing and Mechanical Systems	Exam Candidate	Active	PLMB Examination Fee	\$35.00	No	
Total							
				Fee Amount:	\$70.00		
		Paid Amount: \$35.00					
		Cancelled Amount: \$0.00					
				Fee Due:	\$35.00		
					Pay Later	Pay Now	
					Payment L	ater Options	

#### TO PAY LATER:

- If you click the **Pay Later** button, you will get a reminder pop-up that your application is not considered submitted until payment is made.
- You will be returned to your **My Programs** page where you will see your registration listed and its status.
- When you are ready to complete the application process, go to the appropriate section and double click on the **Details** link.

Home > My Programs									
Home									
Public Sea	rch								
My Profile									
New Comp	any Registra	tion							
Apply for a	Program								
Sign Off									
Help									
Programs									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	<b>Online Services</b>	Renew
		Tattoo Artist	New			Des Moines	<b>Details</b>	Online Services	
		Medical Physicist	New			Des Moines	<b>Details</b>	Online Services	
		Medical Physicist	New			Des Moines	Edit	Online Services	
		Medical Physicist	New			Des Moines	Edit	Online Services	
30064		Plumbing and Mechanical Systems	Active	05/15/2017	06/30/2020	Des Moines	Details	Online Services	
EXAM171033		Plumbing and Mechanical Systems	Active	05/15/2017		Des Moines	<u>Details</u>	Online Services	

**NOTE**: If under the **Details** column it shows a link for <u>Edit</u> instead of **Details**, this means there is missing information within the application. Click the **Edit** link to review all sections of the form and complete any missing information before attempting to pay.

From here you can view the Details of your application, Add New Attachment, or Upload Attachments.

When you are ready, click Make a Payment.

Home > My Progra	ms > Program Detai	s								
Home	Plumbin	ng and Mechani	cal Systems - Exa	m Candi	date					
0	Lic	ense #	Application Date	e	Issue Date	Expir	y Date	Status	Descrip	tion
sign Off	EXAN	/171033	05/15/2017		05/15/2017			Active	Initial Fo	lder
Help										
People Details										
	Role					Name				
	Applicant					Dorothy Kn	ight			
Application Form									Expa	and All
<ul> <li>Affirmation</li> </ul>										
Application Form	Details								Expa	and All
License Select	t									
Continuing Ed	ducation									
Exam Candida	ate									
License Processe	s								Colla	pse All
De	scription	St	atus	Rec	quested Date	•	Expiry	Date	Action	
Application R	eview									
PMSB Exa Applica	PMSB Exam Candidate Compl Application Review		nplete	05/15/2017 05/15/2017			/2017			
License/Perm	nit									
lourneyperso	n-Exam Candidate	App	roved	0	05/15/2017 05/15/2017					1
Journeyperso	n-Exam Candidate	0	pen	0	5/15/2017	05/15/2017				
Fooe										
Fee List				Payme	ent					
Bill Number	Descriptio	on	Fee Amount	Payme	nt Number	Payment Ty	ype Pay	ment Date	Payment A	mount
6746	PLMB Examinat	ion Fee	\$35.00	2	2586	Check	05	5/15/2017	9	35.00
6748	PLMB Examinat	ion Fee	\$35.00					Total	9	35.00
		Total	\$70.00				Total	Due: \$35.00	Make Pay	ment
Attachments										
Attachment Descri	ption									
						Add Ne	w Attach	nment U	oload Attach	ments
Online Services									[	Back

#### TO PAY NOW:

If you select **Pay Now** you will be directed to the online payment system. Select **Pay Now** when asked, and complete your online payment information.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
539622	Plumbing and Mechanical Systems	Exam Candidate	Active	PLMB Examination Fee	\$35.00	Yes
539622	Plumbing and Mechanical Systems	Exam Candidate	Active	PLMB Examination Fee	\$35.00	No
Total						
				Fee Amount:	\$70.00	
				Paid Amount:	\$35.00	
				Cancelled Amount:	\$0.00	
				Fee Due:	\$35.00	
					Pay Later Payment L	Pay Now ater Options

Select Payment Method, and fill in your payment details. Click Continue.

DPH Licensing and Regulatory Programs Amount Due 50.00 Payment Information Frequency One Time Payment Amount 550.00 Payment Date Pay now Contact Information First Name Adger Last Name Adger Company (Optional) Address 1 0P N Oliver Drive Address 2 (Optione) City/Town Des Maines State/Provines/Region 1A Zip/Postal Code 56759 Country Uts Confirmation Email Address adgeramandaone@gmail.com Payment Method Payment Method Setet Payment Method Setet Payment Method Setet		
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Payment Amount 250.00         Payment Date Pay new         Contact Information         First Name Adger         Last Name Adger         Company (Optional)         Address 1 0P N Oliver Drive         Address 2 (Optional)         City/Town Das Moines         Status/Province/Region IA         Zip/Postal Code 56789         Confirmation Email Address adgeramandaone@gmail.com         Payment Method         Status/Province/Region IA         Zip/Postal Code 56789         Confirmation Email Address adgeramandaone@gmail.com         Billing Address 1 09 N Oliver Drive         Confirmation Rumber 699090000         Email Address adgeramandaone@gmail.com	One Time	
Payment Date Pay now       Please keep a record of your Confirmation Number, of end. Disease for your records.         Contact Information       First Name Adger         Last Name Adger       Description Department of Public Health IDPH Leasing and Regulatory Program IDPH Leasing	\$50.00	Confirmation
Contact Information  First Name Adger Last Name Amandsone Company (Optional) Address 1 09 N Oliver Drive Address 2 (Optional) City/Town Des Moines State/Province/Region 1A Zip/Postal Code 56789 Country US Phone Number 899000900 Email Address adgeramandsone@gmail.com  Payment Method  Payment Method  Payment Method  Confirmation Number IOWDPH004000710  Payment Details  Description Department of Public Health DPH Usensing and Regulatory Program INTERS//IOPH.Dow.agov/ Payment Details  Payment Details  Payment Details  Payment Details  Payment Details  Payment Details  Payment Method  Payment Method  Payment Method  Company (Optional) Billing Address  Address 1 09 N Oliver Drive City/Town Des Moines  State/Province/Region 1A Zip/Postal Code Sora9 Country US Confirmation Email adgereamadsone@gmail.com  Address 1 09 N Oliver Drive City/Town Des Moines  State/Province/Region 1A Zip/Postal Code Sora9 Country United States	Pay now	Please keep a record of your Confirmation Number, o <mark>r print this page fo</mark> r your records.
First Name       Adger         Last Name       Amandaone         Company       Optional)         Address 1       09 N Oliver Drive         Address 2       Optional)         City/Town       Dea         Moines       Contry         Country       US         Country       US         Country       US         Country       Country         Email Address       operandaone@gmail.com		Confirmation Number IOWDPH004000710
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Company (Optional)   Address 1 09 N Oliver Drive   Address 2 (Optional)   City/Town Des Moines   Stats/Province/Region IA   Zip/Postal Code 56789   Country US   Phone Number 890900000   Email Address adperamendaone@gmail.com   Billing Address I 09 N Oliver Drive City/Town Des Moines  Address 1 09 N Oliver Drive City/Town Des Moines  Address 1 09 N Oliver Drive City/Town Des Moines  Address 1 09 N Oliver Drive City/Town Des Moines  State/Province/Region IA Zip/Postal Code	Amandaone	https://idph.iowa.gov/
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Address 2 (Optional)   City/Town Des Moines   State/Province/Region IA   Zip/Postal Code 56789   Country US   Phone Number 899090900   Email Address adperamendaone@gmail.com   Billing Address 1 09 N Oliver Drive City/Town Des Moines State/Province/Region IA Zip/Postal Code 56789 Country United States	09 N Oliver Drive	Status PROCESSED
City/Town       Des Moines         State/Province/Region       LA         Zip/Postal Code       56739         Country       US         Country       US         Phone Number       899090900         Email Address       adperamendsone@gmail.com         Payment Method       State/Province/Region         Payment Method       State/Province/Region         State/Province/Region       LA         State/Province/R	(Optional)	
State/Province/Region       IA         Zip/Postal Code       56739         Country       US         Country       US         Phone Number       899909000         Email Address       adperamandaone@gmail.com         Payment Method       State/Province/Region         Payment Method       State/Province/Region         State/Province/Region       IA         Zip/Postal Code       56739         Country       United States	Des Moines	Payment Method
Zip/Postal Code       56759         Country       US         Phone Number       8990900900         Email Address       adperamandaone@gmail.com         Payment Method       State/Province/Region IA         City/Town       Das Moines         State/Province/Region IA       Zip/Postal Code         City/Town       Das Moines         Country       United States	IA	Payer Name Adper Amandaone
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Phone Number       B990900900         Email Address       adperamandaone@gmail.com         Payment Method       State/Province/Region IA         Payment Method       State/Province/Region IA         Zip/Postal Code 56789       Country United States	us	Card Type Visa
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Payment Method Select Zip/Postal Code 56789 Country United States		State/Province/Region I4
Country United States	Select M	Zip/Postal Code 56789
		Country United States
Continue		s50.00 One Time s50.00 Pay now Adper Amandaone (Optional) Os N Oliver Drive (Optional) Des Moines IA S6789 US 8990900900 adperamandaone@pmail.com Select V

Please keep a record of your **Confirmation Number** or **print this page** for your records. Click **Continue** to return to your A&A profile.

# **STEP 7 – CHECK STATUS**

- ✓ Once you have submitted your application (including required payment), allow up to 4 weeks for initial review and processing.
- ✓ If your application requires additional screening or is incomplete, additional time will be required.
   All applications are processed in the order received.
- ✓ If you have provided a valid email address, your <u>Exam Candidate approval letter will be emailed</u> directly to you with your candidate ID number and information on scheduling the exam.
- ✓ If you have not provided a valid email address, the letter will be mailed to your primary contact address.
- ✓ If your application has not been processed within 2 weeks, please verify that you have submitted payment and all required documentation.
- ✓ If you were applying on the basis of experience prior to 2010, your application will NOT be processed until you have submitted the Notarized Affidavit of Employment. You may attach documentation to your online application or mail it separately to the board office.
- Contact the PMSB office <u>only</u> if you have verified that you have submitted payment and all required documentation, and it has been more than 2 weeks since your application was submitted.