HOW TO RENEW AN IDPH RADIATION MACHINE SERVICE PROVIDER LICENSE

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, and contact the department to be linked to the registration**. If you have not created an account, go back to the IDPH Regulatory Programs 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

Sign In on the portal home page.

IDPH REGULATOR		State *
Radiological Health Em	ergency Medical Services • Environ	mental Health
Home >		
Public Search		
Sign In		
New User Registration		
Help		
BUREAU O BUREAU O	E SERVICES SITE FOR REGULATORY PROG F EMERGENCY AND TRAUMA SERVICES OF ENVIRONMENTAL HEALTH SERVICES EAU OF RADIOLOGICAL HEALTH	RAMS WITHIN:

After signing in, you will be taken to the My Profile page.

Home	Basic Profile De	ails			PIN: 3493
Sign Off	Name: Date of Birth:		ana Marepally 9/1990		
Help	Email Address":				
	Preferred Addres	s:	•		
Registered User's Memberships	Physical Addres	s Details			
RAD Service Provider	* Address is:	-	ATTN:		
CAD OBTING TTOMAGE	Street Number*:	10308	City*:	Des Moines	•
	Street Prefix:	•	County:	Polk •	
	Street Name*:	Dorset	State*:	Iowa	•
	Street Type":	Drive •	Country:	US	•
	Street Direction:	•	Zip Code*:	50131	
	Half Tonas		Dhana dh	7800099090	
	Unit Type:	•	Phone 1*:	Work •	

STEP 2: SELECT THE SERVICE PROVIDER COMPANY

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

Home > My Profile							
Home	Basic Profile De	tails					PIN: 3493
Sign Off	Name: Date of Birth:		Archana Mar 12/09/1990	epally			
Help	Email Address":						
	Preferred Addres	s:		•			
Registered User's Memberships	Physical Addres	s Details					
RAD Service Provider	Address is:	•		ATTN:			
	Street Number*:	10308		City*:	Des Moir	nes	•
	Street Prefix:		۲	County:	Polk		
	Street Name*:	Dorset		State":	lowa		
	Street Type":	Drive	•	Country:	US		
	Street Direction:			Zip Code*:	50131		
			D	7800099	090		
	Unit Type:		•	Phone 1*:	Work	•	
	- Unit Number:			Phone 2:	Home	•	
elect a Membership for your Actions	WELCON	Continu	/	t ROFILE P			Address

STEP 3: RENEW

You will be taken to the **My Programs** page for your company. This is where you will apply as Radiation Machine Service Provider. Click on **Renew**.

Home > My	Programs					Dor	othy Knig	ht - RAD Service Provider
Home								
Public Se	arch							
My Profil	e							
Company	/ Profile							
Member	Managemen	t						
Apply for	a Program							
Sign Off								
Help								
Programs f	or RAD Servic	e Provider						
License #	Applicant	Program	Status	Issue Date	Expiry Date		Details	Online Services Renew
		Radiation Machine Service Providers	Active	07/24/2017	08/01/2017	Des Moines	Details	Online Services Renew
								Make Payment

NOTE: If you do not see the option to click "Renew" you may have the option to click "**Edit**" under the **Details** column instead.

A pop-up message will appear. Click **OK** to continue with the application.

elpdphtest.iowa.gov says:		
Are you sure you really want to re	new this program?	
	ок	Cancel

STEP 3: APPLICATION FORM

<u>All Four sections of this application are required.</u> Click the **Expand All** to view all information fields in a section. Questions with a red asterisk * or highlighted in pink are mandatory.

Home > My Programs > Apply for	Program > Application Form
Home	Radiation Machine Service Providers - Service Provider
Sign Off	Applicant Facility RAD Service Provider
Help	
Application Form	Expand All
Affirmation	
Service Provider Details.	
Application Form Details	Expand All
 Equipment 	
Iowa Locations	
Attachment	
Attachment Description	
	Add New Attachment
	Cancel Continue

STEP 4: AFFIRMATION & SERVICE PROVIDER DETAILS

This section is required for all license and Contractor 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.)

pplication Form	
and the second sec	
Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.*	© Yes ⊙ No
If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.	
Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*	😔 Yes 🛛 No
If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.	
Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.)*	© Yes ─ No
If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.	
Service Provider Details	
I will insure that employees are properly trained to service or consult on specific equipment prior to providing services.*	© Yes ○ No
Our company will be providing equipment demonstrations at facilities located in Iowa.*	© Yes ⊙ No
Please select all services that you provide to facilities in Iowa *	Calibration of radiation-emitting equipment Installation of radiation-emitting equipment Processor or Processor servicing, or both Radiation protection or health physics consultations and Service/repair of radiation-emitting equipment
Please select the types of radiation-emitting equipment that you service: *	Dental Medical Non-Medical or Industrial Veterinary
Describe the training and/or experience required in general for all persons performing services for your company	

STEP 5: EQUIPMENT & IOWA LOCATIONS

These fields are for service providers who have reported placing radiations emitting equipment - for things such as demonstration purposes - at locations in lowa. If your service does has not placed any temporary radiation emitting equipment at any facilities in lowa, you may skip this section.

This section will display current information about your service's equipment in Iowa make sure the information displayed is accurate, and update as needed.

- Equipment					
Machine Identifier	Machine Type	Machine Manufacturer	Machine M	odel Machin	e Serial Number D
J		•	1		
<.	L				E.
	ly 10 rows you can add for each you do not need a specific row o	saving. Please save them first and th r new added row.	en you can add anothe	er 10 rows and more.	Add Save
 Iowa Locations 					
Machine Identifier	Facility Name	Address	City	State	Zip Code
4					•
	ly 10 rows you can add for each you do not need a specific row o	saving. Please save them first and th r new added row.	en you can add anothe	er 10 rows and more.	Add Save
Attachment					
Attachment Description					
					Add New Attachment
		Cancel Contin	ue		

If you need to add attachments, proceed to Step 6.

If you do not need to add attachments, click "Continue" and proceed to Step 7.

STEP 6: ADD ATTACHMENTS & CONTINUE

To add any required documentation, you will need to click the Add New Attachment button at the very end of the application form. Skip this step if you do not have any attachments to add.

Attachment Attachment Description	Add New Attachment
Click to select the Type of attachment and Select	Type: 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. 	Accred/Auth.Certificate Court Documents Crystal Report Chic Industrial Radiography Card I Industrial Radiography Card I License MQSA Certificate MOSA Certificate MOSA Certificate Non-Iowa Permit/Certification/Registration app Photo Physician Records Proof of Certification RADI Id Wallet Card Radiation Shielding Plan RAMP License Signature

I he name of the document should appear next to the 🗉 button.

Attachment				
Attachment Description			_	
Type: Court Docun Description:	Release from Pprobation	Choose Fil	e summary.docx	

Continue this process for each document needing to be attached.

- If you attach a document in error, it cannot be removed by you. 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.
- You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

DO NOT CLICK CANCEL – this will void your entire application.

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

A pop-up message will appear. Click OK to proceed to the next page.

Message fro	om webpage
?	Are you sure you really want to submit all application form?
	OK Cancel

STEP 7: CONTACT LIST

Click on XSVP – Contact List to open the tab. Your current contact(s) will appear here. To add a new contact, click **Add** and enter the required information, using the scroll bar to see additional fields, then click **Save**. When you have finished editing the contact information, click **Continue**.

Home	Radiation Machine Service Prov	Radiation Machine Service Providers - Service Provider		
Sign Off	Applicant Adper Amanda Facility Mercy Hospital			
Help	raomy mercy rospital			
Process Free Form Description - XSVF	Application Review	Collapse A		
 XSVP - Contact List 				
Contractores and Constant Fi				
Contact type	st Name 🔺 Contact Last Name 🔶 Contac	ct Phone Number 🔹 Contact Email Address 🔹		
T				
 Currently there are only 10 rows you ca Just clean all fields if you do not need a 	an add for each saving. Please save them first and then you can a specific row or new added row.	n add another 10 rows and more. Add Sav		
Attachment	specific for of her added for.			
Attachment Description				
		Add New Attachme		
	Cancel Continue			
		Message from webpage		
n up message will app	ear, click OK to continue.	Message from webpage Are you sure you really want to submit all application		

STEP 8: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the "I agree with the terms and conditions" statement to check it. Then 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 o the information changes.				
	In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify o clarify the information provided on or in conjunction with this application.				
	I understand this information is a public record in accordance with Iows 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.				
	Learne with the terms and conditions				
	I agree with the terms and conditions.				

STEP 9: MAKE A PAYMENT

If you need to attach additional documentation click the **Pay Later** button.

- 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.

If you are ready to pay, select **Pay Now**, and then **Pay Now** again on the following screen, and you will be directed to the online payment system.

Medical Physicists									
Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment									
Home									
Sign Off									
Help									
License Details									
Reference									
(Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full			
	Program Radiation Machine Service Providers	Program Detail Service Provider	Status New	Fee Description XSVP - Application Fee	Fee Amount \$100.00	Paid in Full No			
(Row ID) #		, i i i i i i i i i i i i i i i i i i i							
(Row ID) # 542288		, i i i i i i i i i i i i i i i i i i i	New		\$100.00				
(Row ID) # 542288	Radiation Machine Service Providers	, i i i i i i i i i i i i i i i i i i i	New	XSVP - Application Fee	\$100.00	No			

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

Payment Information		The following page is your confirmation page		
Frequency Payment Amount Payment Date Contact Information	\$50.00	Confirmation Please keep a record of your Confirmation Number, or <u>print this page</u> for your records. Confirmation Number IOWDPH004000710 Payment Details		
First Name	Adaer	Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.jowa.gov/	
Last Name	Amandaone	Payment Amount		
	(Optional)	Payment Date Status	PROCESSED	
Address 1 Address 2	(Optional)	Payment Method		
City/Town	Des Moines	Payer Name Card Number	Adper Amandaone *1111	
State/Province/Region Zip/Postal Code		Card Type Confirmation Email	Visa adperamandaone⊜gmail.com	
Country		Billing Address		
Phone Number		Address 1	09 N Oliver Drive	
Email Address	adperamandaone@gmail.com	City/Town State/Province/Region	Des Moines IA	
Payment Method		Zip/Postal Code Country	56789 United States	
Payment Method	Select M			
Continue		Continue		

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