INSTRUCTIONS TO APPLY FOR A RADON LAB CERTIFICATION

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 - RADON 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 System Support Team: 1-855-824-4357.

REQUIRED DOCUMENTS:

To view the full list of application requirements, please visit <u>https://idph.iowa.gov/radon/get-certified</u> to view the "<u>Radon Measurement Laboratory Application Guide</u>."

STEP 1: SIGN IN

Click Sign In on the portal home page.

IDPH REGULA Radiological Health	TORY PROGRAMS Emergency Medical Service	es = Environmental Health
Home >		
Public Search		
Sign In		
New User Registration		
Help		

STEP 2: SELECT THE LAB

On your profile page the facility will be listed on the left side under **Registered User's Memberships**.

- 1) Click on the Facility's name so it appears highlighted.
- 2) Click **Continue**.

(NOTE: for instructions to register a new facility, return to the IDPH Regulatory Programs page and review the instructions "**How to Create a New Company.**")

Home		Basic Profile Det	ails				PIN: 3	3492
0		Name:		Dorothy Knig	ht			
Sign Off		Date of Birth:		08/04/1986				
Help		Email Address*:		narayana.b	@launchitco			
		Preferred Address	5:		~			
Registered User's Membershi	ips	Physical Address	s Details					
Radon Lab		Address is:	~		ATTN:			
		Street Number*:	321		City*:	Des Moines	~	
		Street Prefix:		~	County:	~	'	
		Street Name*:	East 12th		State*:	lowa	~	
		Street Type*:	Street V	•	Country:		~	
		Street Direction:		~	Zip Code*:	50319		
	~	Unit Type:	×	•	Phone 1*:	5157254147	Work	~
L Select a Membership for your Actions		Unit Number:			Phone 2:			~
			Continue	Rese	et		Addre	98

STEP 3: APPLY FOR A PROGRAM

Next, you will be directed to the My Programs page. This is where you will apply for a Measurement Specialist license.

1) Click on Apply for a Program.

IDPH REGULATORY PROGRAMS Radiological Health Emergency Medical Services Enviro	onmental Health
Home > My Programs	Dorothy Knight - Radon Lab
Home	
Public Search	
My Profile	
Company Profile	
Member Management	
Apply for a Program	
Sign Off	
Help	
Programs for Radon Lab	
License # Applicant Program Status Issue Date Expiry Date City Details	Online Services Renew Make Payment

2) On the next screen: Select Program as Radon Individual and select Program Detail as Mitigation Specialist. Click Continue.

Home > my Programs > P			
Home	Apply for Program		
Sign Off	Program:	Radon Laboratory	
Sign On	Program Detail:	T	
Help	Cancel		Continue
		Measurement Laboratory	
		Message from webpage	×
ip message wil	appear. Click OK to	continue with	the
tion.		Are you sure you really want	to apply for this program?

3) A pop application.

STEP 4: APPLICATION FORM

The 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.

IDPH REGULAT Radiological Hea Radon	ORY PROGRAMS alth	
Hume > My Programs > Apply for Program	n > Application Form	-
Home	Radon Laboratory - Measurement Laboratory	
	Applicant Dorothy Knight	
Sign Off	Facility Radon Lab	
Help		
Application Form		Expand All
Radon Testing Methods		
Radon Affirmation Statements		
Affirmation		
Attachment		
Attachment Description		
		Add New Attachment
	Cancel Continue	

OK Cancel

STEP 5: RADON TESTING METHODS

You must choose all testing methods performed by clicking on them in the box that appears below.

• To select multiple methods, hold down the **Ctrl** button on your keyboard and click the method types you wish to add. Release **Ctrl** when finished.

Application Form		Collapse All
 Radon Testing Methods 		
Testing Methods Used *	AT-Alpha-Track Detection CC-Activated Charcoal Adsorption CR-Continous Radon Monitor EL-Electret-Perm(Long-term) LS-Charcoal Liquid Scintillation Other	* *
Other Description		
I am attaching documentation based on my participation in NRPP or NRSB Laboratory certification? *	⊖Yes ⊖No	

STEP 7: RADON AFFIRMATION STATEMENTS

The following questions require "Yes" answers in order for your application to be approved. (**NOTE**: You will not have a QA/QC number at this time. Step 9 will show you how to add your attachments. To review the requirements visit this website: <u>https://idph.iowa.gov/radon/get-certified</u>)

Radon Affirmation Statements	
I will keep all records for a minimum of 5 years after the radon test is completed *	Yes No
I will submit any changes in procedures within 14 days to IDPH *	⊖Yes ⊖No
I am uploading a QA/QC plan and standard operating procedures for each measurement method I am applying *	Yes No
If no, I have a preapproved QA/QC plan number and will provide these numbers in fields below:	
QA/QC plan #1	
QA/QC plan #2	
QA/QC plan #3	
QA/QC plan #4	
I will upload Measurement details every month on Radon Data Tab	Yes No

STEP 8: AFFIRMATION

- 1) Answer the following questions.
- 2) If you answer Yes you must provide additional information in the text box proceeding the question.a. You may be asked to provide additional documentation in the form of an attachment.
 - 3) Click **Continue** when you have finished all sections of the application form.

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?	○ Yes	○ 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	© 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?	O Yes	◎ No	
If yes, provide a description of the circumstances.]
achment			
chment Description			

STEP 9: ADD ATTACHMENTS & CONTINUE

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

schment		
Choo	se File	lo file chosen
Click to select the Turne 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.Certificate Court Documents Crystal Report Industrial Radiography Card License MQSA Certificate Non-Iowa Permit/Certification/Registrat Photo Physician Records Proof of Certification RADI Id Wallet Card Radiation Shielding Plan RAMP License Signature

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 completing the application, or your application could be delayed or denied.

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

STEP 10: RDNL CONTACT LIST

- 1) Click Add and enter the employer contact details, then click Save.
- 2) When you have finished, click **Continue** at the bottom of the screen.
- (Use the scroll bar to see additional fields.)

Process Free Form Descri	ption - Radon Laborat	ory Application Review			Collapse All		
 RDNL Contact List 							
Contact type 🛛 🗢	Salutation 🔺	Contact First Name 🔶	Contact Last Name 🔶	Contact Phone Number 🖨	Contact Email Addres		
4					Þ		
 Currently there are only Just clean all fields if you 	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 more. Add Save Just clean all fields if you do not need a specific row or new added row.						
Attachment							
Attachment Description							
		_		A	dd New Attachment		
		Cancel	Continue				

STEP 11: 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 hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. 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 my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.
	In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.
	I understand that 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 law.
	I have read the Administrative Rules governing this profession and I agree to comply with those provisions.
	I agree with the terms and conditions.

STEP 12: PAYMENT

To make an online payment:

- 1) Click Pay Now when you see the option.
- 2) You will be directed to the payment system.

Home > My P	rograms > Apply for Pro	ogram > Application Form > Ap	plication F	orm Supplemental > Terms and C	onditions > Make	Payment
Home						
Sian Off						
Help						
License Deta	ils					
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
543450	Radon Laboratory	Measurement Laboratory	New	Laboratory Applicatoin Fee	\$500.00	No
543450	Radon Laboratory	Measurement Laboratory	New	Laboratory Resident Fee	\$25.00	No
Total						
	Fee A	mount: \$525.00		Paid Amount: \$0.00	F	ee Due: \$525.00
					Pay Later	Pay Now
					Payment	Later Options
						•

- 1) Select **Payment Method**, and fill in your payment details.
- 2) Click **Continue** to review your payment information and click **Confirm.**

Payment Information		The following page is your confirmation page
Frequency One Time Payment Amount \$50.00 Payment Date Pay now		Confirmation Please keep a record of your Confirmation Number, or <u>print this page</u> for your records. Confirmation Number IOWDPH004000710
Contact Information		Payment Details
First Name	Adper	Description Department of Public Health IDPH Licensing and Regulatory Programs https://dph.lowa.gov/
Last Name	Amandaone	Payment Amount : Payment Date 11/22/2016
Company Address 1	(Optional) 09 N Oliver Drive	Status PROCESSED
Address 2	(Optional)	Payment Method
City/Town	Des Moines	Payer Name Adper Amandaone Card Number *1111
State/Province/Region Zip/Postal Code	56789	Card Type Visa Confirmation Email adperamandaone@gmail.com
Country	US	Billing Address
Phone Number 8	8990900900	Address 1 09 N Oliver Drive
	auperamanuaurie grgmail.com	City/Town Des Moines State/Province/Region IA
Payment Method		Zip/Postal Code 56789 Country United States

- 3) Keep a record of your **Confirmation Number** or **print this page** for your records.
- 4) Click **Continue** to be taken to your Receipt and return to your profile.