

INSTRUCTIONS TO APPLY FOR RADIOLOGICAL HEALTH LIMITED EXAM

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. If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs - Permit to Practice 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 WITH EXISTING ACCOUNT

When you have signed in to the Public Portal, you should see your **Profile** page. Click **Continue**.

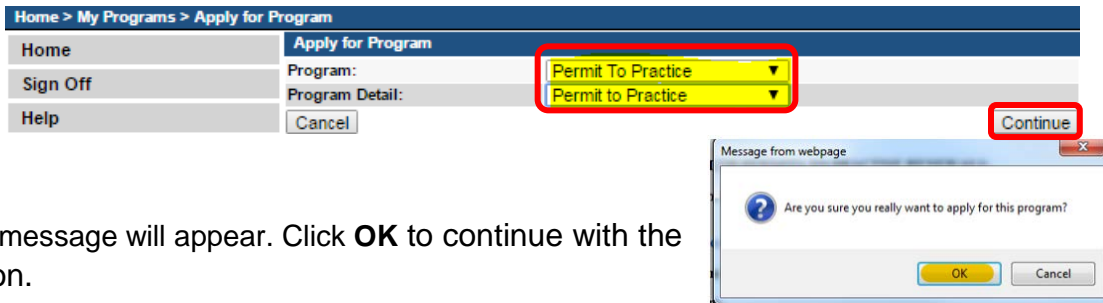
The screenshot shows a web interface for a user profile. At the top, there is a navigation bar with 'Home > My Profile'. Below this, there are two main sections: 'Basic Profile Details' and 'Physical Address Details'. The 'Basic Profile Details' section includes fields for Name (A0001 A00000000), Date of Birth (11/24/1991), Email Address (adpamanandson@igmi), and Preferred Address. The 'Physical Address Details' section includes fields for Address (0000000000), City (Des Moines), State (Iowa), Zip Code (50300), and Phone numbers (Work, Home, Mobile). A red box highlights the 'Continue' button at the bottom of the form.

STEP 2: APPLY FOR A PERMIT

You will be taken the **My Programs** page. Click **Apply for a Program**.

The screenshot shows a web interface for the 'My Programs' page. At the top, there is a navigation bar with 'Home > My Programs' and the user name 'Dorothy Knight'. Below this, there is a list of menu items: Home, Public Search, My Profile, New Company Registration, Apply for a Program (highlighted with a red box), Sign Off, and Help. Below the menu is a table titled 'Programs for Dorothy Knight' with columns for License #, Applicant, Program, Status, Issue Date, Expiry Date, City, Details, Online Services, and Renew.

When you arrive at the following page: Select **Permit to Practice** as the **Program** and then select **Permit to Practice** for the **Program Detail**. Then click **Continue**.



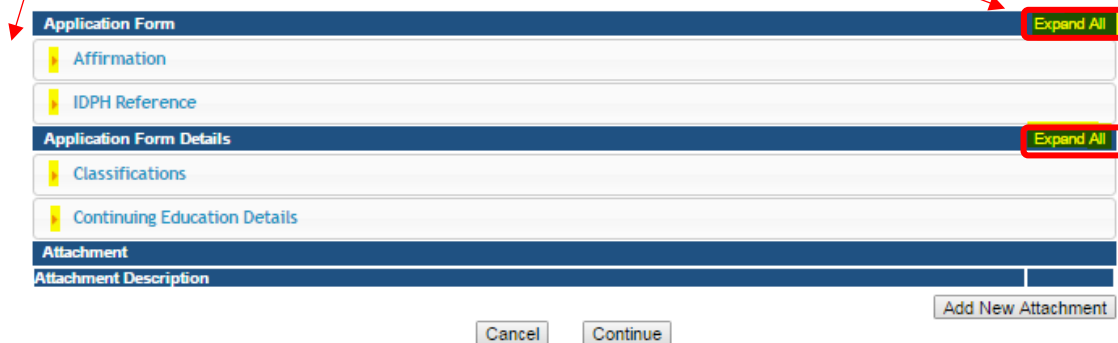
A pop-up message will appear. Click **OK** to continue with the application.

STEP 3: APPLICATION FORM

You will now be directed to the Permit to Practice Application page.

- On this Application Form, you will need to complete all required information for each of the fields.
- **Fields with Asterisks or highlighted in a pink color must be completed before you can move to the next screen in the Application Process.**
- Please enter the information in the non-required fields to assist us in reviewing your application.

Click the Orange arrows to expand an individual field, or click **Expand All** to view all information fields in a section.



STEP 4: AFFIRMATION

All questions in this section are required.

If you answer Yes to any of the Affirmation 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.)

▼ Affirmation

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.

STEP 5: IDPH REFERENCE

IF YOU ARE APPLYING FOR THE FIRST TIME: Click **No**.

IF YOU HAVE PREVIOUSLY HELD A PERMIT: Click **Yes** and then provide your previous permit number in the text box to the right. (If you do not know your number, enter '0' instead.)

The screenshot shows a section titled "IDPH Reference". It contains a question: "Have you ever held an Iowa license under certification, registration, or permit for this program?" with radio buttons for "Yes" and "No". Below the question is a text input field with the label "If yes, please provide previous number.".

STEP 6: CLASSIFICATIONS

Click **Add** to add each exam type you wish to apply for. Under **Type of Permit** select the **Limited Exam Candidate** from the list. Under Type of Limited, make a selection.

Under **Action Requested** select "Add Classification."

Click **Save** once you have added all your Classifications.

The screenshot shows the "Classifications" section of the application form. It features a table with columns: "Type of Permit", "Type of Limited", "Action Requested", and "Classification Status". A dropdown menu is open under "Type of Permit", listing various exam types, with "Limited Exam Candidate" selected. The "Action Requested" dropdown is set to "Add Classification". At the bottom right, "Add" and "Save" buttons are highlighted with a red box. A note at the bottom states: "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. Just clean all fields if you do not need a specific row or new added row."

STEP 7: CONTINUING EDUCATION DETAILS (CEUs)

CEU information is not required for Exam Candidates.

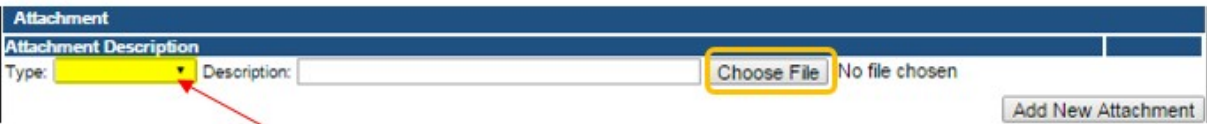
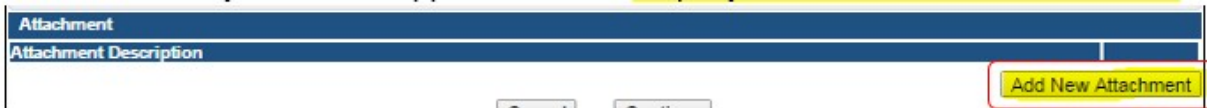
The screenshot shows the "Continuing Education Details" section of the application form. It contains a table with the following columns: "Education Facility", "Class Name", "Con Ed Required Component", "Biennium Date", "Course Start Date", and "Course".

STEP 8: ADDING ATTACHMENTS

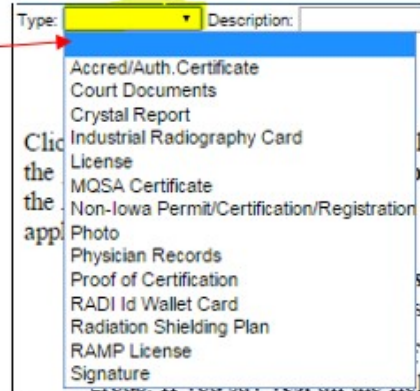
To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

Skip this step if you do not have any attachments to add.

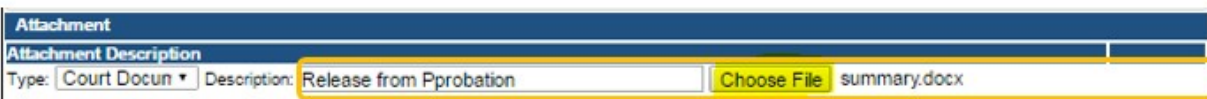
First, click “Add New Attachment.”



- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click
- 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.



The name of the document should appear next to the button.



Continue this process for each document needing to be attached.

NOTE: 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.

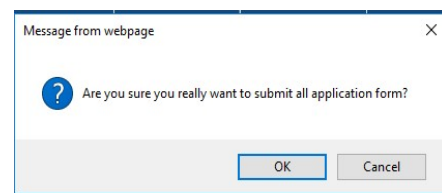
DO NOT CLICK CANCEL – this will void your entire application.

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.

When you click **Continue**, a pop-up message will appear.

Click **OK** to proceed to the next page.



STEP 9: APPLICATION FORM SUPPLEMENTAL – PART 1

You will now be taken to the **Application Form Supplemental** page. Click the Orange arrows to expand an individual field, or click **Expand All** to view all information fields in a section.

Click the **Add** button to add the required Employer information and click **Save**. Add any Out of State Licensing information if applicable. After completing all the required fields, click **Save**.

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License
--------------	--------------------	-------------------	----------------------	-----------------------	---------

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.
Just clean all fields if you do not need a specific row or new added row.

State of Issuance	Type of License	License Number	License Expiration Date
-------------------	-----------------	----------------	-------------------------

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.
Just clean all fields if you do not need a specific row or new added row.

Attachment Description

Cancel Continue Add New Attachment

When all sections are complete, click the **Continue** button.

When you click **Continue**, a pop-up message will appear. Click **OK**.

elpdptest.iowa.gov says:
Are you sure you really want to submit all application form?
OK Cancel

STEP 10: APPLICATION FORM SUPPLEMENTAL – PART 2

Click **Expand All** and provide any training information you may have – this section is not required. Click **Continue** when finished.

IDPH REGULATORY PROGRAMS
Radiological Health
Permit to Practice

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental

Home Sign Off Help

Permit To Practice - Permit to Practice
Applicant

Process Description - Limited Exam Candidate - Collapse All

Ungrouped

Training School

Attachment
Attachment Description

Cancel Continue Add New Attachment

STEP 11: TERMS AND CONDITIONS

Read the **Terms and Conditions** page. If you agree, check the Box next to I agree with the terms and conditions. Click **Continue**.

The screenshot shows a web interface for the 'Terms and Conditions' page. At the top, a breadcrumb trail reads: 'Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions'. Below this, there is a navigation menu with 'Home', 'Sign Off', and 'Help' links. The main content area is titled 'Terms and Conditions' and contains several paragraphs of text. The first paragraph is a certification statement: '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.' The second paragraph states: '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.' The third paragraph reads: '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.' The fourth paragraph says: 'I have read the Administrative Rules governing this profession and I agree to comply with those provisions.' At the bottom of the text, there is a checkbox labeled 'I agree with the terms and conditions' which is currently unchecked. To the right of the checkbox is a yellow 'Continue' button.

STEP 12: PAYMENT

Payment for the Limited Radiography Exam will be made directly to the ARRT, the provider of the Limited Radiography Exam. Once the application has been approved by the IDPH the applicants information will be registered with the ARRT and a letter explaining the process to pay for the exam will be sent to the applicant.