



License Renewal and Amanda Guidance

Amanda Portal Access

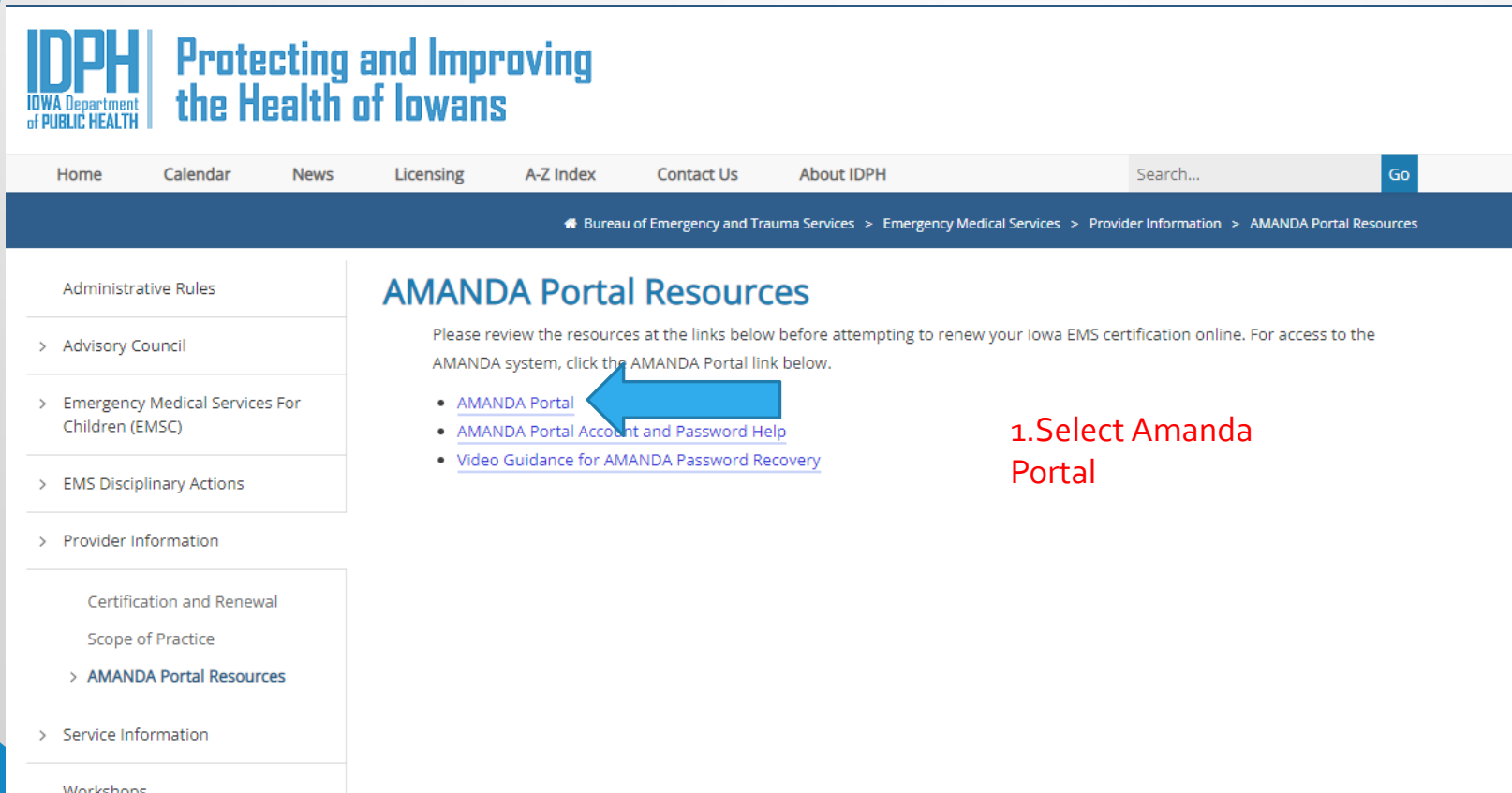
Bureau Web Page:

<http://idph.iowa.gov/BETS>

The screenshot shows the IDPH website interface. At the top, there is a navigation bar with links for Services, Agencies, and Social. Below this is the IDPH logo and the tagline "Protecting and Improving the Health of Iowans". A secondary navigation bar contains links for Home, Calendar, News, Licensing, A-Z Index, Contact Us, and About IDPH, along with a search bar and a "Go" button. A breadcrumb trail indicates the current location: Bureau of Emergency and Trauma Services > Emergency Medical Services > Provider Information. On the left side, a sidebar menu lists various categories, with "Provider Information" highlighted by a blue arrow. The main content area, titled "Provider Information", contains a sub-header "Click on one of the topics below for EMS provider-specific information:" followed by a list of three links: "Certification and Renewal", "Scope of Practice", and "AMANDA Portal Resources". A blue arrow points to the "AMANDA Portal Resources" link. To the right of the screenshot, a red text box contains the following instructions:

1. Select Provider Information
2. Select Amanda Portal Resources

Amanda Portal Access



IDPH | Protecting and Improving the Health of Iowans
IOWA Department of PUBLIC HEALTH

Home Calendar News Licensing A-Z Index Contact Us About IDPH Search... Go

Bureau of Emergency and Trauma Services > Emergency Medical Services > Provider Information > AMANDA Portal Resources

AMANDA Portal Resources

Please review the resources at the links below before attempting to renew your Iowa EMS certification online. For access to the AMANDA system, click the AMANDA Portal link below.

- [AMANDA Portal](#)
- [AMANDA Portal Account and Password Help](#)
- [Video Guidance for AMANDA Password Recovery](#)

1. Select Amanda Portal

Administrative Rules

- > Advisory Council
- > Emergency Medical Services For Children (EMSC)
- > EMS Disciplinary Actions
- > Provider Information

Certification and Renewal

- Scope of Practice
- > **AMANDA Portal Resources**
- > Service Information

Workshops

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

[Home >](#)

[Public Search](#)

[Sign In](#)

[New User Registration](#)

[Help](#)

Current account
holder login

New Users Click here

**WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN:
BUREAU OF EMERGENCY AND TRAUMA SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
BUREAU OF RADIOLOGICAL HEALTH**

NOTE: This application works best in Chrome and Safari. If you need to use Internet Explorer, you will need to change three settings in order for the portal to function properly. Pop up blocker must be turned off and iowa.gov added to compatibility view and to trusted sites.

INDIVIDUAL APPLICANTS: If you have an @IOWAID account and password, select the **SignIn** button. If you have **never** used the online services site, create an account by selecting the **New User Registration** button. Please view the following tutorial to assist you with creating your account.

[INSTRUCTIONS TO CREATE ACCOUNT](#)

BUSINESS APPLICANTS: An individual authorized to represent your account will need to **SignIn** or create a new account as described above. Once this **Individual** is **Logged in**, they will be able to create a **New Business Profile** to apply for the appropriate license on **behalf of your business**. Additional instructions will be provided on how to complete the **Business Application** once the **Individual is Logged In**.

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Enterprise A&A

Sign In

Create An Account

Forgot Password

Forgot Id

DPH Regulated Communities

Enter your Account Id and Password and press sign in to continue.

Account ID:

iowaemsportaltest2@iowaid

Password:

.....

Sign In

Account Details

[What is A&A?](#)
[Help](#)
[Report Issue to State Service Desk](#)

Account Id Examples

Public User Account Format:

firstname.lastname@iowaid

State Employee Account Format:

firstname.lastname@iowa.gov

*If you do not have an @iowa.gov account use your State of Iowa employee email address.

NOTICE

You are about to interact with a publicly accessible website owned and operated by the State of Iowa. The actual, or attempted, unauthorized access, use, or modification of this website and its contents is strictly prohibited. Violators may be subject to administrative disciplinary action, civil litigation, and/or criminal prosecution in accordance with applicable State and Federal laws.

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Creating A New A&A Account

- o Same account system used by most State Agencies
 - o Detailed instructions found on-line at top of log in page
 - o Must have a valid email address before beginning 2-step process
 - o Must create a user/ID name and password following their standards
 - o After successful creation of username & password, a message will be sent to your listed email address for completion of requirements
 - o Requirements must be completed in one sitting (10 minutes)
 - o Once completed secure log in information for future use

If you are locked out of Amanda

The Bureau of Emergency and Trauma Service is unable to assist in the retrieval or resetting of forgotten user ID or Password

- o Must follow and try all provided instructions (log in screen) for retrieving forgotten user ID or Password
- o If still unable to retrieve, contact the DAS OCIO:
 - o 515-281-5703
 - o 800-532-1174
 - o Must be at computer with internet and email access when calling for assistance
- o Or you can go to the BETS webpage for step by step instructions.

https://idph.iowa.gov/BETS/EMS/providers_AMANDA

IDPH REGULATORY PROGRAMS
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > Web Registration SSN

	Individual Information
Home	SSN: 555779999
Sign In	Confirm SSN: 555779999
Help	Date of Birth: 07/04/1976

Continue Reset

This screen may appear the first time you log in

Answer the questions regarding SSN and DOB then select continue

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Profile

- Home
- Sign Off
- Help

Basic Profile Details

Name: Johnny Gage
Date of Birth: 01/01/1970
Email Address*: iowaemsportaltest2@gr
Preferred Address:

PIN: 68499

Registered User's Memberships

Select a Membership for your Actions

Physical Address Details

ATTN: **City*:** Des Moines

Street Number:** 321 **County:** Polk

Street Prefix: East **State*:** Iowa

Street Name:** 12th **Country:** United States

Street Type:** Street **Zip Code*:** 50319

Street Direction: **Phone 1*:** 5152810640 Primary

Unit Type: **Phone 2:**

Unit Number: **Phone 3:**

Continue

Reset

Addresses

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > **My Programs**

Johnny Gage

Home	Search Criteria
Public Search	License Number: <input type="text"/>
My Profile	Program: <input type="text" value="▼"/>
New Company Registration	Status: <input type="text" value="▼"/>
Apply for a Program	City: <input type="text" value="▼"/>
Sign Off	<input type="button" value="Search"/> <input type="button" value="Reset"/>
Help	

Programs for Johnny Gage

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
AEMT4000003	Johnny Gage	EMS Provider	Active	12/29/2016	03/31/2017	Des Moines	Details	Online Services	Renew

If you are an **Individual** and wants to apply for a New Individual License, click on **Apply for a Program** on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click **continue**. If you do not see the company name contact the Program office. If you want to apply as a **Brand New Company** or enter an **Existing Company** for the **first** click on **New Company Registration**. [INSTRUCTIONS TO CREATE NEW COMPANY REGISTRATION](#)

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Johnny Gage

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Search Criteria

Message from webpage

Are you sure you really want to renew this program?

OK Cancel

Programs for Johnny Gage

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
AEMT4000003	Johnny Gage	EMS Provider	Active	12/29/2016	03/31/2017	Des Moines	Details	Online Services	Renew

Make Payment



Application Form Tabs

Please select each tab prior to continuing

The screenshot displays a web application interface for an application form. At the top, there is a dark blue header bar with the text "Application Form" on the left and "Expand All" on the right. Below this header, there are four tabs: "Affirmation", "Personal Information", "Provider Disaster Questions", and "EMS Continuing Education". The "Affirmation" and "EMS Continuing Education" tabs are highlighted in yellow. Below the tabs, there is a section titled "Attachment" with a sub-header "Attachment Description". To the right of this section is a button labeled "Add New Attachment". At the bottom of the form, there are two buttons: "Cancel" and "Continue".

Select each of the tabs to answer questions and enter CEH information. The Affirmation questions must be answered. Personal information must be verified. The 2 disaster questions must be answered and the EMS continuing education questions must be answered and info entered cont.

Application Form Expand All

▼ Affirmation

During the previous licensing period, did you develop a medical condition, which in any way 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.

During the previous licensing period, did you engage 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.

During the previous licensing period, were you convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. *

Yes No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you? *

Yes No

If yes, include the date, location, reason, and resolution.

During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case? *

Yes No

If yes, include the date, location, reason, and resolution.

During the previous licensing period, did you have 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.

▶ Personal Information

▶ Provider Disaster Questions

▼ EMS Continuing Education

Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? *

Yes No

Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card)

Yes No

NREMT Number

NREMT Expiration Date

Total Core Continuing Education Hours (CEHs)

Attachment

Attachment Description

Affirmation Questions: If you answer "Yes" to one or more of the Affirmation Questions you must provide a detailed explanation in the text box below your "Yes" response. If you need to attach documentation, follow the directions at the bottom of the page for attachments.

Disaster Response Questions

▼ Provider Disaster Questions

Are you willing to respond to a disaster in Iowa? Yes No

Are you willing to respond to a disaster that occurred outside of Iowa? Yes No



Application Form Expand All

- ▶ Affirmation
- ▶ Personal Information
- ▶ Provider Disaster Questions
- ▼ EMS Continuing Education

Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * Yes No

Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) Yes No

NREMT Number

NREMT Expiration Date

Total Core Continuing Education Hours (CEHs)

Attachment

Attachment Description

1. Renewal Option 1: If renewing with your NREMT registration answer yes. If not renewing with your NREMT, answer no, then skip to #5.
2. If the date on your NREMT card exceeds your Iowa EMS certification answer yes.
3. Enter your NREMT number.
4. Enter your NREMT expiration.
5. Renewal Option 2: If you are not renewing your Iowa EMS Cert. with your NREMT registration, enter the total Core CEH's completed during your certification period.

Application Form Expand All

- ▶ Affirmation
- ▶ Course Completion Card
- ▶ Provider Disaster Questions
- ▶ EMS Continuing Education

Did you attend an EMS Instructor update during this cycle?

Did you complete a minimum of 10 hours of Critical Care Paramedic continuing education (CEHs) during your cycle?

How many TOTAL continuing education (CEHs) did you complete during your cycle?

How many FORMAL (FE) CEHs did you complete during your cycle?

Do you have a current NREMT registration which exceeds your current Iowa expiration Date? Yes No
(Attach copy of card) *

NREMT Number

NREMT Expiration Date

Application Form Details Expand All

- ▶ Reciprocity/Certification

Attachment

Attachment Description

Message from webpage

Are you sure you really want to submit all application form?



IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home

Sign Off

Help

Terms and Conditions

Terms and Conditions

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.

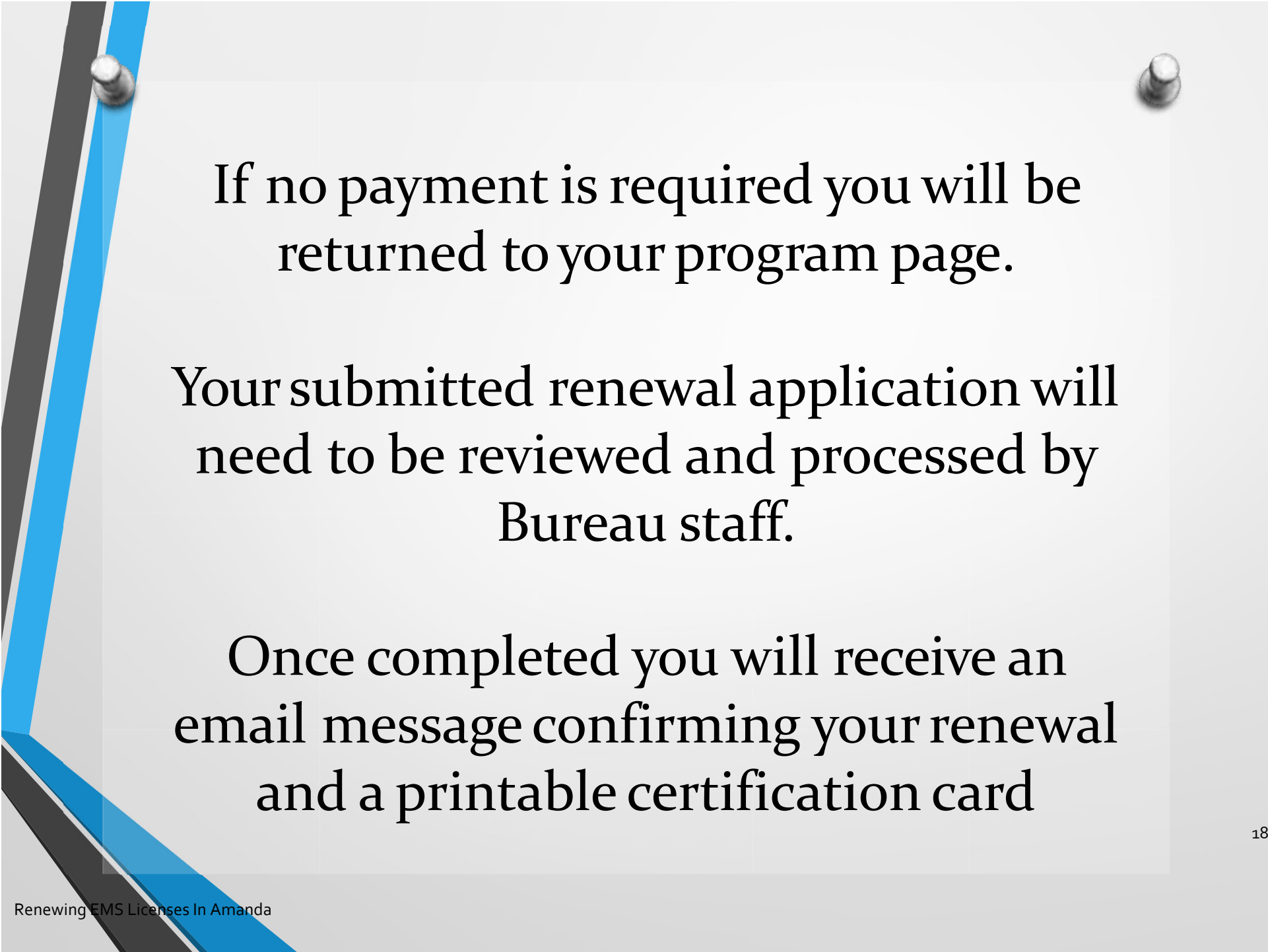
I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

I agree with the terms and conditions.

Continue





If no payment is required you will be returned to your program page.

Your submitted renewal application will need to be reviewed and processed by Bureau staff.

Once completed you will receive an email message confirming your renewal and a printable certification card

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Johnny Gage

Home	Search Criteria
Public Search	License Number: <input type="text"/>
My Profile	Program: <input type="text" value="▼"/>
New Company Registration	Status: <input type="text" value="▼"/>
Apply for a Program	City: <input type="text" value="▼"/>
Sign Off	<input type="button" value="Search"/> <input type="button" value="Reset"/>
Help	

Programs for Johnny Gage

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
AEMT4000003	Johnny Gage	EMS Provider	Active	12/29/2016	03/31/2017	Des Moines	Details	Online Services	
AEMT4000003	Johnny Gage	EMS Provider	Renewal			Des Moines	Details	Online Services	

If you are an **Individual** and wants to apply for a New Individual License, click on **Apply for a Program** on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click **continue**. If you do not see the company name contact the Program office. If you want to apply as a **Brand New Company** or enter an **Existing Company** for the **first** click on **New Company Registration**. [INSTRUCTIONS TO CREATE NEW COMPANY REGISTRATION](#)

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home

Sign Off

Help

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

Fee Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
113902	EMS Provider	AEMT	Renewal	AEMT Renewal Fee	\$10.00	No

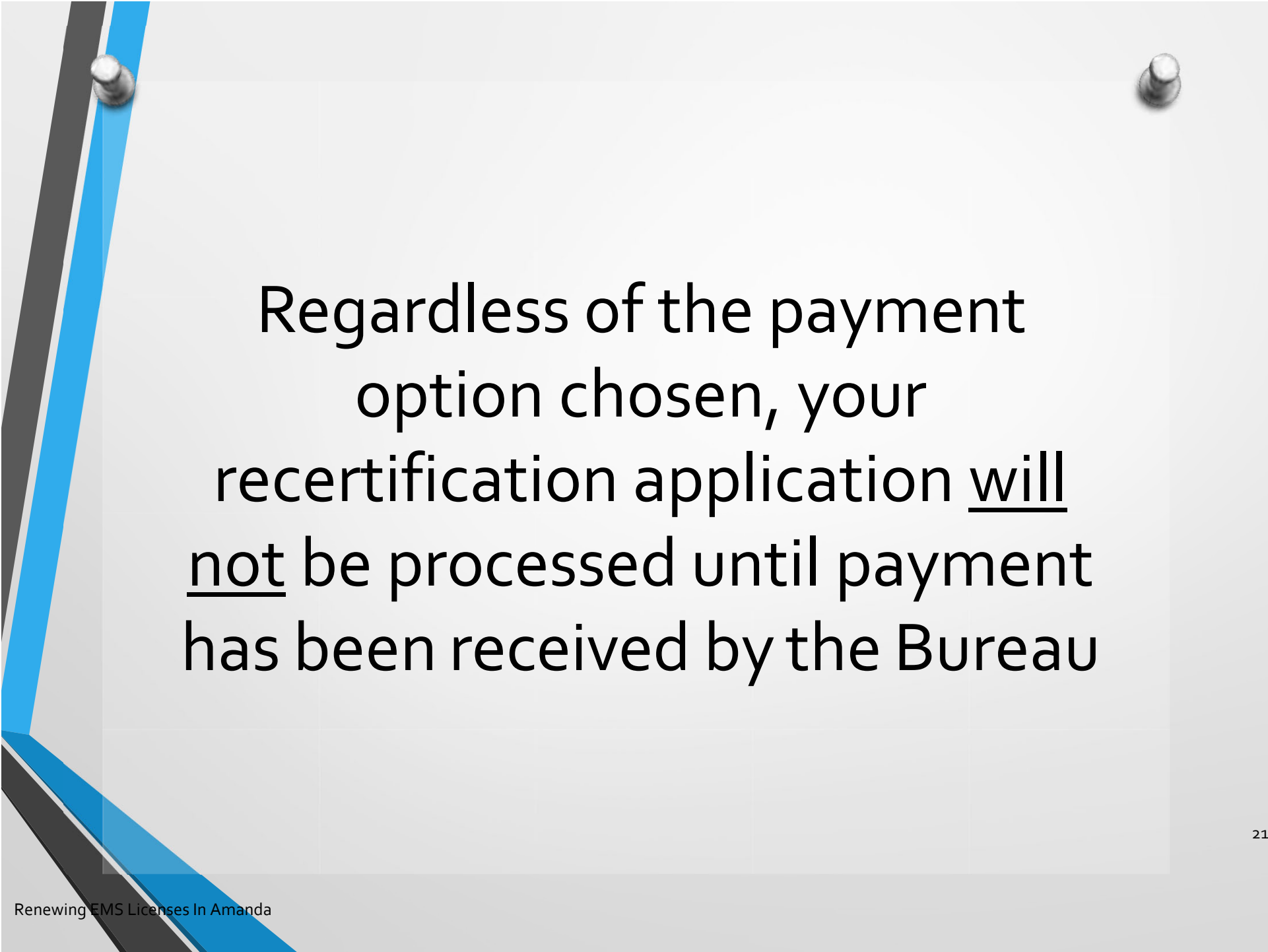
Total

Fee Amount:	\$10.00
Paid Amount:	\$0.00
Cancelled Amount:	\$0.00
Fee Due:	\$10.00

Payment Later Options

Pay Later

Pay Now



Regardless of the payment
option chosen, your
recertification application will
not be processed until payment
has been received by the Bureau



If you work for a service that will be paying your rectification fee, select the “pay later” option and complete the renewal application.

Provide your service program with your name, PIN, & EMS certification number.

Your certification cannot be renewed until payment has been received by the Bureau and processed.

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home

Sign Off

Help

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

Fee Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
113902	EMS Provider	AEMT	Renewal	AEMT Renewal Fee	\$10.00	No

Total

Fee Amount:	\$10.00
Paid Amount:	\$0.00
Cancelled Amount:	\$0.00
Fee Due:	\$10.00

If you select the "pay later" option you can mail a check for the total amount to the Bureau - include your name, PIN, and certification number

Payment Later Options

Pay Later

Pay Now

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home

Sign Off

Help

Fee Details			Fee Amount	Paid in Full
Reference (Row ID) #	Program	Program		
113896	EMS Provider		\$50.00	Cancelled
115105	EMS Provider		\$10.00	No
Total			Fee Amount:	\$60.00
			Paid Amount:	\$0.00
			Cancelled Amount:	\$50.00
			Fee Due:	\$10.00

Payment Later Options

Pay Later Pay Now

Message from webpage

Are you sure you really want to pay later?

OK Cancel

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > **My Programs**

Johnny Gage

Home	Search Criteria
Public Search	License Number: <input type="text"/>
My Profile	Program: <input type="text" value="▼"/>
New Company Registration	Status: <input type="text" value="▼"/>
Apply for a Program	City: <input type="text" value="▼"/>
Sign Off	<input type="button" value="Search"/> <input type="button" value="Reset"/>
Help	

Programs for Johnny Gage

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
AEMT4000003	Johnny Gage	EMS Provider	Active	12/29/2016	03/31/2017	Des Moines	Details	Online Services	
AEMT4000003	Johnny Gage	EMS Provider	Renewal			Des Moines	Details	Online Services	

If you are an **Individual** and wants to apply for a New Individual License, click on **Apply for a Program** on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click **continue**. If you do not see the company name contact the Program office. If you want to apply as a **Brand New Company** or enter an **Existing Company** for the **first** click on **New Company Registration**. [INSTRUCTIONS TO CREATE NEW COMPANY REGISTRATION](#)

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home

Sign Off

Help

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

Fee Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
113902	EMS Provider	AEMT	Renewal	AEMT Renewal Fee	\$10.00	No

Total

Fee Amount:	\$10.00
Paid Amount:	\$0.00
Cancelled Amount:	\$0.00
Fee Due:	\$10.00

Payment Later Options

Pay Later

Pay Now

Same instructions if selecting "Pay Now" as your initial option



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IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

- Home
- Sign Off
- Help

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may return to the website at a Later Date if you wish. Application fees are non-refundable.

Message from webpage

Are you sure you really want to pay your program(s) online ?

OK Cancel

Fee Details		Paid in Full
Reference (Row ID) #		
113902	Emergency Medical Services (EMS)	No
Total		
	Fee Amount:	\$10.00
	Paid Amount:	\$0.00
	Fee Due:	\$10.00
		Pay Later Pay Now

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs

Amount Due \$10.00

Payment Information

Frequency One Time

Payment Amount \$10.00

Payment Date Pay now

Contact Information

First Name Johnny

Last Name Gage

Company (Optional)

Address 1 321 E 12th Street

Address 2 (Optional)

City/Town Des Moines

State/Province/Region IA

Zip/Postal Code 50319

Country US

Phone Number 5152810640

Email Address iowaemsportaltest2@gmail.com

Payment Method

Payment Method
Checking or Savings
Credit/Debit Card

[Cancel](#)

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usbank

[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  Security

IDPH Licensing and Regulatory Programs

Amount Due \$10.00

Payment Information

Frequency One Time

Payment Amount \$10.00

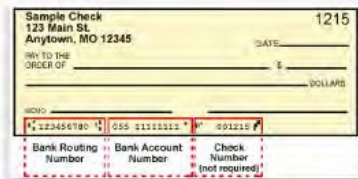
Payment Date Pay now

Contact Information

First Name Johnny
Last Name Gage
Company (Optional)
Address 1 321 E 12th Street
Address 2 (Optional)
City/Town Des Moines
State/Province/Region IA
Zip/Postal Code 50319
Country US
Phone Number 5152810640
Email Address iowaemsportaltest2@gmail.com

Payment Method

Payment Method Checking or Savings



[Personal Check](#) | [Business Check](#)

Bank Routing Number

Bank Account Number

Bank Account Type Checking Savings
 This is a business account


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2
9


First Name Johnny
Last Name Gage
Company (Optional)
Address 1 321 E 12th Street
Address 2 (Optional)
City/Town Des Moines
State/Province/Region IA
Zip/Postal Code 50319
Country US
Phone Number 5152810640
Email Address iowaemsportaltest2@gmail.com

Payment Method

Payment Method Credit/Debit Card

Card Number 

Expiration Date Month Year

Card Security Code 

Card Billing Address Use my contact information address
 Use a different address

Continue [Cancel](#)



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[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  [Security](#)

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IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Payment Receipt

Thank you for using the Online Services.
Please PRINT this receipt here.

Receipt

Receipt Information

Receipt No.:	1639	Payment Date:	12/23/2016	Invoice No.:	3575, 4390, 4514
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Payer Information

Company:	
Payment Made By:	Susan Van Horn
	PO Box 1278 123 S Iliqij Plaza Des Moines, IA 50319 us
Phone No.:	(515)261-3230
Payment Method:	Online Payment
Payment Amount:	130.00
Comments:	Payment Type=Purchase Web Transaction/ConfirmationID=IOWTST004075521 Name=Susan Van Horn

Receipt Details

Fee Description	Internal Ref. No.	Amount
Industrial Radiographer Trainee Fee	4211	\$75.00
AEMT Initial Fee	217990	\$30.00
PARA Renewal Fee	431085	\$25.00
	Total:	\$130.00

[Home](#) [My Profile](#) [My Programs](#)



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1

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Johnny Gage

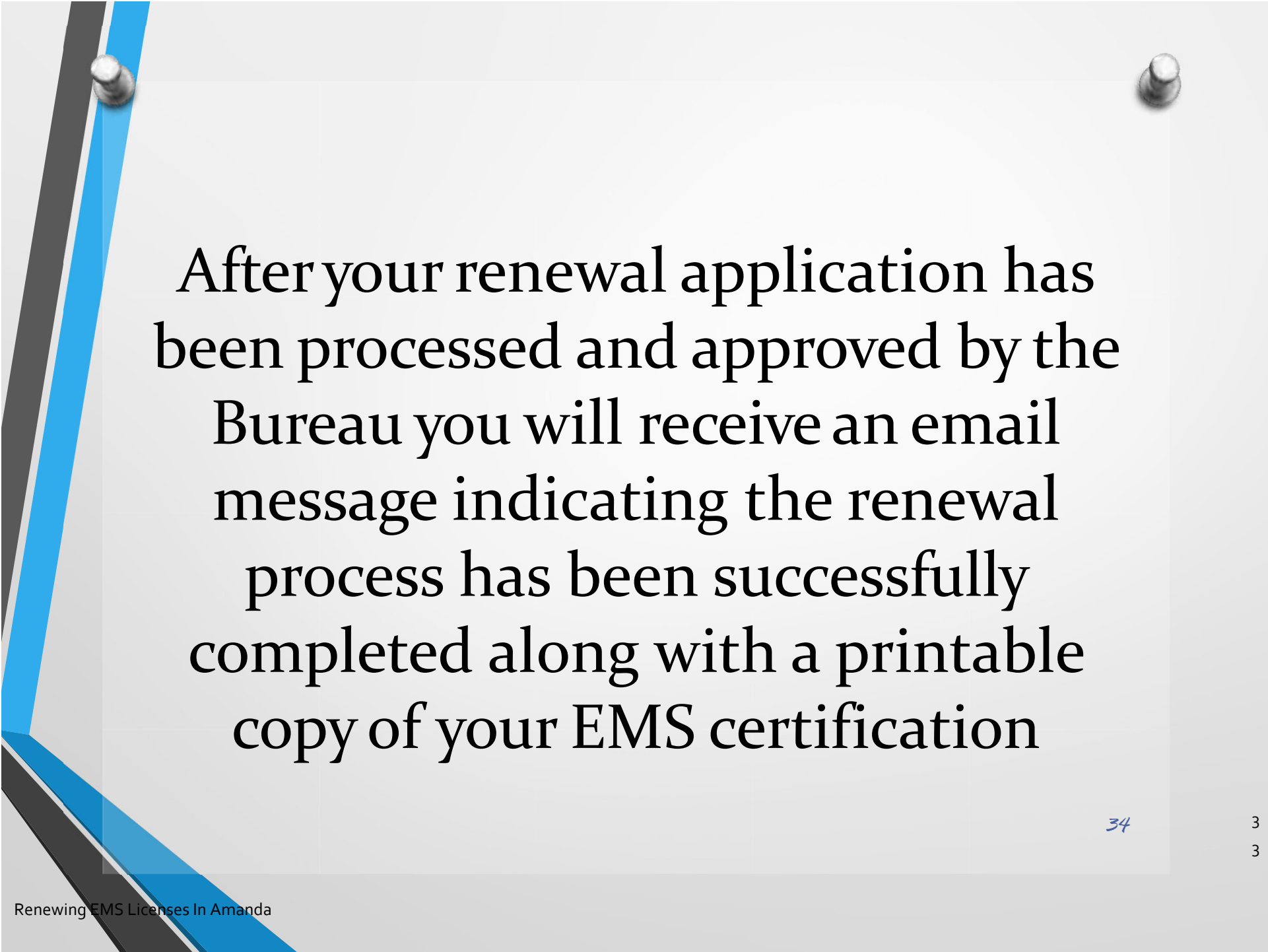
Home	Search Criteria
Public Search	License Number: <input type="text"/>
My Profile	Program: <input type="text" value="▼"/>
New Company Registration	Status: <input type="text" value="▼"/>
Apply for a Program	City: <input type="text" value="▼"/>
Sign Off ←	<input type="button" value="Search"/> <input type="button" value="Reset"/>
Help	

Programs for Johnny Gage

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After your renewal application has been processed and approved by the Bureau you will receive an email message indicating the renewal process has been successfully completed along with a printable copy of your EMS certification

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3

Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

ADPEREHreg@idph.iowa.gov