



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

# **Maintaining Your Service Program Information with AMANDA**

*January 2017*

Before you can “open” your Service Program’s AMANDA page you must be registered with AMANDA through your individual profile and be “linked’ to the Service Program



If you do not have an Iowa EMS certification, but will be maintaining an Iowa Service Program's AMANDA page, you will need to create an individual A&A log in (user id & password) and an AMANDA profile page before you can be "linked" to the service program's page

All previously authorized Iowa  
Service Programs have been merged  
from the System Registry to  
AMANDA

Listed Service Directors & POC  
(from the December 2016 System  
Registry) have been “linked” to their  
service programs if.....

# Link from Bureau Web Page: <http://idph.iowa.gov/BETS>

The screenshot shows the Iowa Department of Public Health website. The header includes the Iowa.gov logo, navigation links for Agencies and Online Services, and a search bar. The main navigation bar contains links for Home, News, Calendar, Licensing, A-Z Index, About IDPH, and Contact Us. The breadcrumb trail indicates the current location: Bureau of Emergency and Trauma Services > Emergency Medical Services > Provider Information.

The main content area is titled "Provider Information" and includes a sub-header: "Click on one of the topics below for EMS provider-specific information:". A list of links is provided:

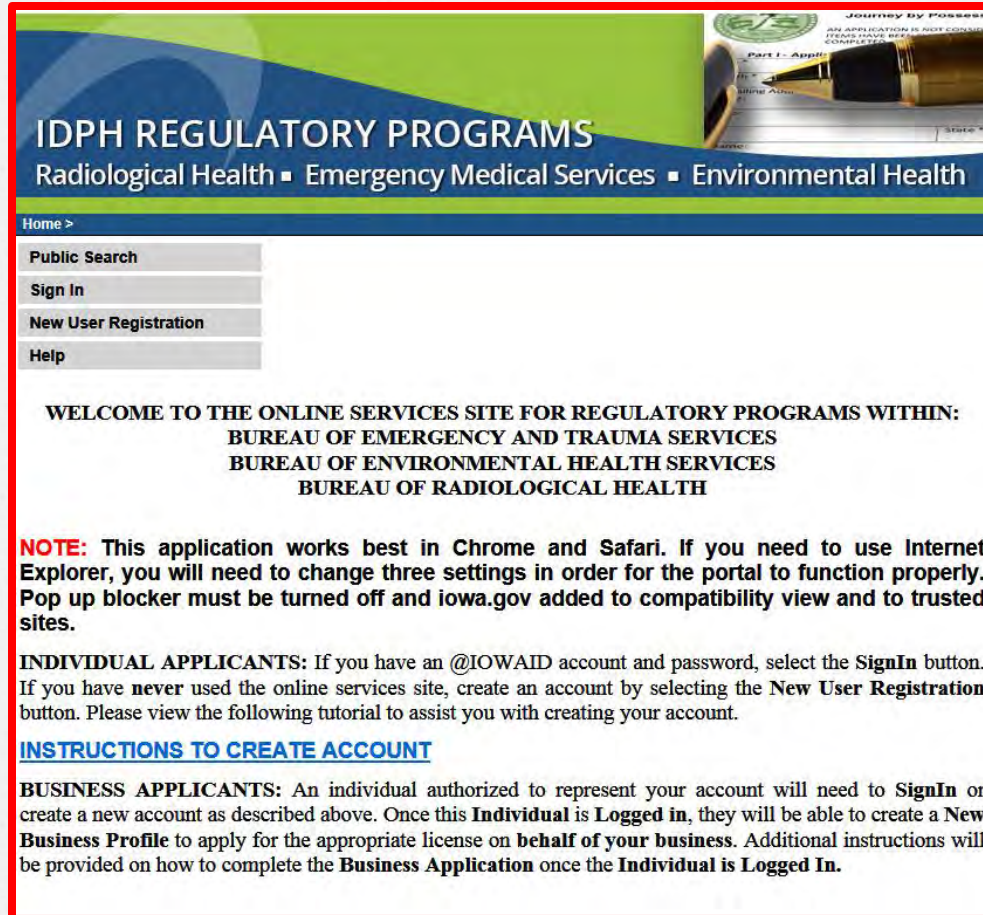
- [Certification and Renewal](#)
- [Provider List](#)
- [Resources](#)
- [Scope of Practice](#)
- [AMANDA Portal Resources](#)
- [Transition](#)

A red arrow points to the "AMANDA Portal Resources" link. On the left side, there is a sidebar menu with the following items:

- Administrative Rules
- > Advisory Council
- > Emergency Medical Services For Children (EMSC)
- > EMS Disciplinary Actions
- > **Provider Information**
  - Certification and Renewal
  - Provider List
  - Resources
  - Scope of Practice
  - AMANDA Portal Resources
  - Transition
- > Service Information
- Training Programs Information
- Injury Prevention And Outreach



<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>



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

Home >

Public Search

Sign In

New User Registration

Help

**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**.



# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

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# DPH Regulated Communities

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

Account ID:

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.





# DPH Regulated Communities

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

Account ID:

iowaemportaltest2@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:

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# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health



Home > My Profile

<b>Home</b>	<b>Basic Profile Details</b>	PIN: 68273
<b>Sign Off</b>	Name: Iowaems Provider	
<b>Help</b>	Date of Birth: 01/01/1970	
	Email Address*: IowaemsProvider@gm	
	Preferred Address: Physical Address	

<b>Registered User's Memberships</b>	<b>Physical Address Details</b>
Iowaems Service	ATTN: <input type="text"/>
	City*: Des Moines
	Street Number**: 321
	County: Polk
	Street Prefix: East
	State*: Iowa
	Street Name**: 12th
	Country: <input type="text"/>
	Street Type**: Street
	Zip Code*: 50319
	Street Direction: <input type="text"/>
	Unit Type: <input type="text"/>
	Unit Number: <input type="text"/>

Select a Membership for your Actions



If you do not see the service program you are suppose to have access to for management of the service program's information, your service director will need to send an email message to

[ADPEREHreg@idph.iowa.gov](mailto:ADPEREHreg@idph.iowa.gov) indicating that you are authorized to have access to the service program's AMANDA page

# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health



Home > My Profile

<b>Home</b>	<b>Basic Profile Details</b>	PIN: 68273
<b>Sign Off</b>	<b>Name:</b>	Iowaems Provider
<b>Help</b>	<b>Date of Birth:</b>	01/01/1970
	<b>Email Address*:</b>	IowaemsProvider@gm
	<b>Preferred Address:</b>	Physical Address ▾

## Registered User's Memberships

Iowaems Service

## Physical Address Details

<b>ATTN:</b>	<input type="text"/>	<b>City*:</b>	Des Moines ▾
<b>Street Number**:</b>	321	<b>County:</b>	Polk ▾
<b>Street Prefix:</b>	East ▾	<b>State*:</b>	Iowa ▾
<b>Street Name**:</b>	12th	<b>Country:</b>	▾
<b>Street Type**:</b>	Street ▾	<b>Zip Code*:</b>	50319
<b>Street Direction:</b>	▾	<b>Phone 1*:</b>	5152817689 Work ▾
<b>Unit Type:</b>	▾	<b>Phone 2:</b>	5153442793 Work ▾
<b>Unit Number:</b>	<input type="text"/>	<b>Phone 3:</b>	<input type="text"/> ▾

Select a Membership for your Actions





# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Iowaems Provider - Iowaems Service

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

## Programs for Iowaems Service

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
0123456	Iowaems Provider	EMS Service	Active	12/21/2016	12/21/2019	Des Moines	<a href="#">Details</a>	<a href="#">Online Services</a>	

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](#)

Click on **Details** to add a new piece of equipment or edit/view an already approved application.

Click on **Online Services** to select services available for your License type.

Click on **Renew** (when displayed) to complete a renewal application.



# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details

<b>Home</b>	<b>EMS Service - Ambulance Service</b>					
<b>Sign Off</b>	<b>License #</b>	<b>Application Date</b>	<b>Issue Date</b>	<b>Expiry Date</b>	<b>Status</b>	<b>Description</b>
<b>Help</b>	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder

People Details	
Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

### Application Form Expand All

- ▶ Affirmation
- ▶ EMS Program Ownership & Staff
- ▶ EMS Service Program Details
- ▶ Provider Disaster Questions
- ▶ EMS Operational Requirements
- ▶ Medical and Service Director Workshops

### Application Form Details Expand All

- ▶ Equipment List
- ▶ 911 Service Area

### License Processes Collapse All

Description	Status	Requested Date	Expiry Date	Action
▶ Application Review				
EMS Service Provider Application Review	Complete	12/21/2016		

While AMANDA has the capability to provide multiple services, only a few are available at this time. As additional services becomes available we will provide additional instructions





# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details

Home		EMS Service - Ambulance Service				
Sign Off	License #	Application Date	Issue Date	Expiry Date	Status	Description
Help	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder

#### People Details

Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

#### Application Form Expand All

- ▶ Affirmation
- ▶ EMS Program Ownership & Staff
  - What is the ownership of your service? City Government
  - Base of Operation Hospital
  - Staffing Type 24/7
  - Personnel Type Paid
- ▶ EMS Service Program Details
- ▶ Provider Disaster Questions
- ▶ EMS Operational Requirements
- ▶ Medical and Service Director Workshops

#### Application Form Details Expand All

- ▶ Equipment List
- ▶ 911 Service Area

#### License Processes Collapse All

# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details

	EMS Service - Ambulance Service					
	License #	Application Date	Issue Date	Expiry Date	Status	Description
Home	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder
Sign Off						
Help						

People Details	
Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

#### Application Form Expand All

- ▶ [Affirmation](#)
- ▶ [EMS Program Ownership & Staff](#)
- ▶ [EMS Service Program Details](#)
  - Air Medical Service Program type
  - Response Type: Emergency (911) & Non-Emergency
  - Level: 300003
  - Critical Care Transport Resources: Service
  - Will your Service Program carry any prescription medications?: Yes
  - Pharmacy Type: Combined Pharmacy-Based and Medical Director-Based
  - Will your service program carry controlled substances?: Yes
- ▶ [Provider Disaster Questions](#)
- ▶ [EMS Operational Requirements](#)
- ▶ [Medical and Service Director Workshops](#)



# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details

<a href="#">Home</a> <a href="#">Sign Off</a> <a href="#">Help</a>	EMS Service - Ambulance Service					
	License #	Application Date	Issue Date	Expiry Date	Status	Description
	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder

People Details	
Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

Application Form	Expand All
<a href="#">Affirmation</a>	
<a href="#">EMS Program Ownership &amp; Staff</a>	
<a href="#">EMS Service Program Details</a>	
<a href="#">Provider Disaster Questions</a>	
<p>Are you willing to respond to a disaster in Iowa? No</p> <p>Are you willing to respond to a disaster that occurred outside of Iowa? No</p>	
<a href="#">EMS Operational Requirements</a>	
<a href="#">Medical and Service Director Workshops</a>	

Application Form Details	Expand All
<a href="#">Equipment List</a>	
<a href="#">911 Service Area</a>	

# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details

Home		EMS Service - Ambulance Service				
Sign Off	License #	Application Date	Issue Date	Expiry Date	Status	Description
	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder
Help						

People Details	
Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

Application Form	Expand All
▶ Affirmation	
▶ EMS Program Ownership & Staff	
▶ EMS Service Program Details	
▶ Provider Disaster Questions	
▶ EMS Operational Requirements	
▶ Medical and Service Director Workshops	

Application Form Details	Expand All
▶ Equipment List	
▶ 911 Service Area	

License Processes					Collapse All
Description	Status	Requested Date	Expiry Date	Action	
▶ Application Review					
EMS Service Provider Application Review	Complete	12/21/2016			





# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details > Process Details

EMS Service - Ambulance Service	
Role	Name
Applicant	Iowaems Provider
Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Expand All

Process Free Form Description - EMS Service Provider Application Review Expand All

- ▶ [EMS Contact list](#)
- ▶ [Personnel Roster](#)
- ▶ [Insurance/Bond details](#)

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# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
	Applicant	Iowaems Provider
<b>Help</b>	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All  
 Process Free Form Description - EMS Service Provider Application Review Expand All

▼ EMS Contact list

Removed thru Web	Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number	Business Name	Street Address	City	State	Zip Code
<input type="checkbox"/>	Service Director	Iowaems	Provider	555-555-5555	terry.smith@idph.iowa.gov	AEMT-4000001	Iowaems Service	321 E. 12th	Des Moines	IA	50319 0075
<input type="checkbox"/>	Medical Director	Dr. James	Physician	555-666-7777	terry.smith@idph.iowa.gov	333333	Des Moines Physician Group	321 E. 12th	Des Moines	IA	50319 0075
<input type="checkbox"/>	Service Point of Contact	Adele	Woods	555-555-3333	terry.smith@idph.iowa.gov			3221 E18th	Des Moines	ia	50319

< >  
 • 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

- ▶ Personnel Roster
- ▶ Insurance/Bond details

Back



# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details > Process Details

EMS Service - Ambulance Service		
	Role	Name
Home		
Sign Off	Applicant	Iowaems Provider
Help	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All

Process Free Form Description - EMS Service Provider Application Review Expand All

### ▼ EMS Contact list

Removed thru Web	Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact E
<input type="checkbox"/>	Service Director	Iowaems	Provider	555-555-5555	terry.smith@
<input type="checkbox"/>	Medical Director	Dr. James	Physician	555-666-7777	terry.smith@
<input type="checkbox"/>	Service Point of Contact	Adele	Woods	555-555-3333	terry.smith@
<input type="checkbox"/>					

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▶ [Personnel Roster](#)

▶ [Insurance/Bond details](#)

# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
	Applicant	Iowaems Provider
<b>Help</b>	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All

Process Free Form Description - EMS Service Provider Application Review Expand All

▶ EMS Contact list

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<input type="checkbox"/>	Service Director	Iowaems	Provider	555-555-5555	terry.smith@
<input type="checkbox"/>	Medical Director	Dr. James	Physician	555-666-7777	terry.smith@
<input type="checkbox"/>	Service Point of Contact	Adele	Woods	555-555-3333	terry.smith@
<input type="checkbox"/>					

- Affiliation
- Dispatch Center
- Medical Director
- Pharmacist
- Pharmacy
- Service Director
- Service Point of Contact

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▶ Personnel Roster

▶ Insurance/Bond details



# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
<b>Help</b>	Applicant	Iowaems Provider
	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All

Process Free Form Description - EMS Service Provider Application Review Expand All

▼ EMS Contact list

oved thru Web	Contact type	Contact First Name	Contact Last Name	Contact Phone Number
<input type="checkbox"/>	Service Director	Iowaems	Provider	555-555-5555
<input type="checkbox"/>	Medical Director	Dr. James	Physician	555-666-7777
<input type="checkbox"/>	Service Point of Contact	Adele	Woods	555-555-3333
<input type="checkbox"/>	Pharmacy	<i>This field is required.</i>	<i>This field is required.</i>	<i>This field is required.</i>

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▶ Personnel Roster

▶ Insurance/Bond details

# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
	Applicant	Iowaems Provider
<b>Help</b>	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All

Process Free Form Description - EMS Service Provider Application Review Expand All

▶ [EMS Contact list](#)

▶ [Personnel Roster](#)

Contact Type	Contact First Name	Contact Last Name	Volunteer (Yes/No)	CPR Expire Date	I Am a Responding Driver of:	Emergency Vehicle Driving - Completion Date	Driver License Expire Date	White Light Permit	Use of Com Equipment - Completion Date	Certified/
Paramedic	Merrill	Meese		11/23/2016	Ambulance	11/01/2016	11/01/2016		11/01/2016	
AEMT	Iowaems	Provider	Yes							
AEMT	Iowaems3	Provider3		12/31/2017	Ambulance	12/31/2016	12/31/2016		12/31/2016	Yes
EMT	Iowaems1	Provider1		12/31/2016	First Response Vehicle	12/31/2016	12/31/2016		12/31/2016	Yes

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Add Save

▶ [Insurance/Bond details](#)

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# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
	Applicant	Iowaems Provider
<b>Help</b>	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Collapse All

Process Free Form Description - EMS Service Provider Application Review Expand All

▶ [EMS Contact list](#)

▶ [Personnel Roster](#)

Contact Type	Contact First Name	Contact Last Name	Volunteer (Yes/No)	CPR Expire Date	I Am a Responding Driver of:	Dr
Paramedic	Merrill	Meese		11/23/2016	Ambulance	1
AEMT	Iowaems	Provider	Yes			
AEMT	Iowaems3	Provider3		12/31/2017	Ambulance	1
EMT	Iowaems1	Provider1		12/31/2016	First Response Vehicle	1
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

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▶ [Insurance/Bond details](#)

# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details > Process Details

<b>Home</b>	EMS Service - Ambulance Service	
<b>Sign Off</b>	Role	Name
	Applicant	Iowaems Provider
<b>Help</b>	Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review [Collapse All](#)

Process Free Form Description - EMS Service Provider Application Review [Expand All](#)

▶ EMS Contact list

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Contact Type	Contact First Name	Contact Last Name	Volunteer (Yes/No)	CPR Expire Date	I Am a Responding Driver of:	Dr
Paramedic	Merrill	Meese		11/23/2016	Ambulance	1
AEMT	Iowaems	Provider	Yes			
AEMT	Iowaems3	Provider3		12/31/2017	Ambulance	1
EMT	Iowaems1	Provider1		12/31/2016	First Response Vehicle	1

- AEMT
- Driver
- EMR
- EMT
- EMT-P
- Other
- PA
- Paramedic
- Paramedic-CCT
- RN

◀ **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**

▶ Insurance/Bond details



# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details > Process Details

EMS Service - Ambulance Service	
Role	Name
Applicant	Iowaems Provider
Facility	Provider Iowaems Service

Process Description - EMS Service Provider Application Review Expand All

Process Free Form Description - EMS Service Provider Application Review Expand All

▶ [EMS Contact list](#)

▶ [Personnel Roster](#)

▶ [Insurance/Bond details](#)



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# IDPH REGULATORY PROGRAMS Emergency Medical Services



## Services

Home > My Programs > Program Details

Home		EMS Service - Ambulance Service				
Sign Off	License #	Application Date	Issue Date	Expiry Date	Status	Description
	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder
Help						

People Details	
Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

Application Form	Expand All
<a href="#">Affirmation</a>	
<a href="#">EMS Program Ownership &amp; Staff</a>	
<a href="#">EMS Service Program Details</a>	
<a href="#">Provider Disaster Questions</a>	
<a href="#">EMS Operational Requirements</a>	
<a href="#">Medical and Service Director Workshops</a>	

Application Form Details	Expand All
<a href="#">Equipment List</a>	
<a href="#">911 Service Area</a>	

License Processes					Collapse All
Description	Status	Requested Date	Expiry Date	Action	
<a href="#">Application Review</a>					
EMS Service Provider Application Review	Complete	12/21/2016			





License #	Application Date	Issue Date	Expiry Date	Status	Description
0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder

**Sign Off**

**Help**

**People Details**

Role	Name
Applicant	Iowaems Provider
Facility	Iowaems Service

**Application Form** Expand All

- ▶ Affirmation
- ▶ EMS Program Ownership & Staff
- ▶ EMS Service Program Details
- ▶ Provider Disaster Questions
- ▶ EMS Operational Requirements
- ▶ Medical and Service Director Workshops

**Application Form Details** Expand All

- ▶ Equipment List
- ▼ 911 Service Area

County	City	State	Zip Code	Comments
Polk	Des Moines	Iowa	50319	asdfasdf

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

Collapse All

**License Processes**

Description	Status	Requested Date	Expiry Date	Action
-------------	--------	----------------	-------------	--------

# IDPH REGULATORY PROGRAMS

## Emergency Medical Services



### Services

Home > My Programs > Program Details

<b>Home</b>	<b>EMS Service - Ambulance Service</b>					
<b>Sign Off</b> ←	<b>License #</b>	<b>Application Date</b>	<b>Issue Date</b>	<b>Expiry Date</b>	<b>Status</b>	<b>Description</b>
<b>Help</b>	0123456	12/21/2016	12/21/2016	12/21/2019	Active	Initial Folder

People Details	
Role	Name
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**Application Form** Expand All

- ▶ [Affirmation](#)
- ▶ [EMS Program Ownership & Staff](#)
- ▶ [EMS Service Program Details](#)
- ▶ [Provider Disaster Questions](#)
- ▶ [EMS Operational Requirements](#)
- ▶ [Medical and Service Director Workshops](#)

**Application Form Details** Expand All

- ▶ [Equipment List](#)
- ▶ [911 Service Area](#)

**License Processes** Collapse All

Description	Status	Requested Date	Expiry Date	Action
▶ <a href="#">Application Review</a>				
EMS Service Provider Application Review	Complete	12/21/2016		



# Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

[ADPEREHreg@idph.iowa.gov](mailto:ADPEREHreg@idph.iowa.gov)