

## INSTRUCTIONS TO APPLY FOR RADIOLOGICAL HEALTH PERMITS TO PRACTICE

Once you sign into the Public Portal, you should see the following screen. Click on the **My Profile** button.

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

Home > My Profile

**Home** | **Sign Off** | **Help**

**Basic Profile Details** PIN: 1892

Name: Adper Amandaone  
Date of Birth: 11/24/1991  
Email Address\*: adperamandaone@gm  
Preferred Address:

**Registered User's Memberships** | **Physical Address Details**

ATTN:  City\*: Des Moines

Street Number\*\*: 09 County: Page

Street Prefix: North  State\*: Iowa

Street Name\*\*: Oliver  Country: US

Street Type\*\*: Drive  Zip Code\*: 56789

Street Direction:  Phone 1\*: 8990900900 Work

Unit Type:  Phone 2:  Home

Unit Number:  Phone 3:

Select a Membership for your Actions

[Continue](#) [Reset](#) [Addresses](#)

Under **My Profile**, click on the **Continue** button. The following screen should appear.

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

Home > My Programs Adper Amandaone

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

**Search Criteria**

License Number:

Program:

Status:

City:

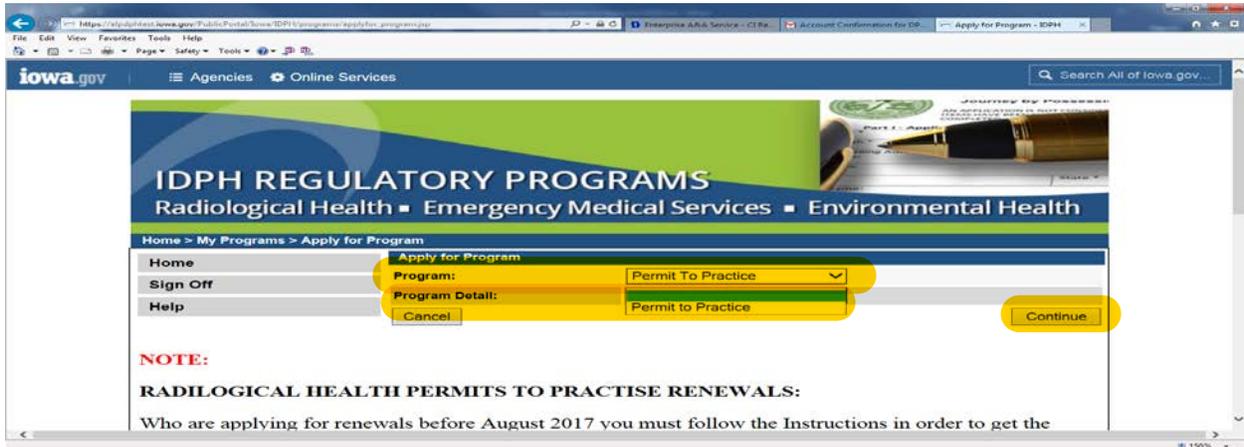
[Search](#) [Reset](#)

**Programs for Adper Amandaone**

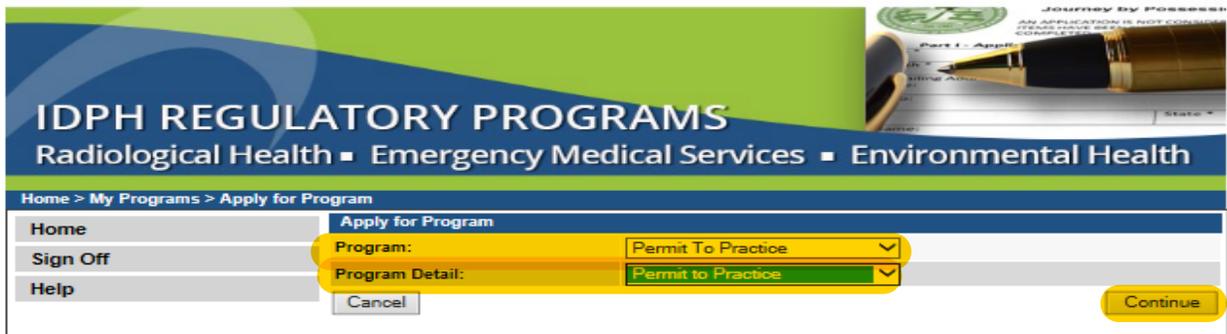
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
<a href="#">Make Payment</a>									

Click on **Apply for a Program** on the left-hand column. Your screen should appear as follows:  
Please select the **Program** and the **Program Details** from the dropdown lists.

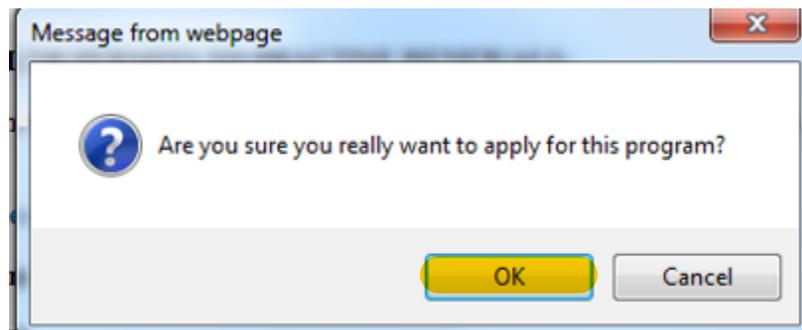
- Select the Program
- Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
- Click the **Continue** button.



This is how you have to select Program and Program details for Radiological Facility Permit to Practice.



It will pop-up message box that “Are you sure you really want to apply for this program?”, Click ‘OK’.



Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or 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.

- **Affirmation:** If you answer **Yes** to any of the Affirmation questions or info questions, enter the details in the text field below each question.
- **IDPH Reference:** If you are applying for Renewal, enter Previous License number. If you are applying for the first time just leave it black.
- **Classifications:** Click **Add** button to add each permit type you wish to apply or renew. Hit **Save** once you add all Classifications.

Click on **Continue** to complete the application process.

**Note:**

If you press on **Cancel** button will stop the application completely.

**IDPH REGULATORY PROGRAMS**  
**Radiological Health**

**Permit to Practice**

Home > My Programs > Apply for Program > Application Form

Home | Sign Off | Help

Permit To Practice - Permit to Practice  
Applicant Adper Amandaone

Application Form Expand All

- ▶ Affirmation
- ▶ IDPH Reference

Application Form Details Expand All

- ▶ Classifications

Attachment

Attachment Description

Cancel | Continue | Add New Attachment

Below are the examples how to enter the information by expanding the tab:

**IDPH REGULATORY PROGRAMS**  
**Radiological Health**

Permit to Practice

Home > My Programs > Apply for Program > Application Form

Home | Sign Off | Help

Permit to Practice - Permit to Practice  
Applicant: Acker Amandaone

Application Form Expand All

**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.

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? \*

Yes  No

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

Have there ever been 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.

Have you ever had 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.

IDPH Reference

Application Form Details Expand All

**Classifications**

Attachment

Attachment Description
------------------------

Cancel | Continue | Add New Attachment

▶ IDPH Reference

Application Form Details Collapse All

▶ Classifications

Type of Permit	Type of Limited	Action Requested
General Radiographic Technologist ▼	▼	Add Classification ▼
Radiologist Assistant ▼	▼	Add Classification ▼

• 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.

Add Save

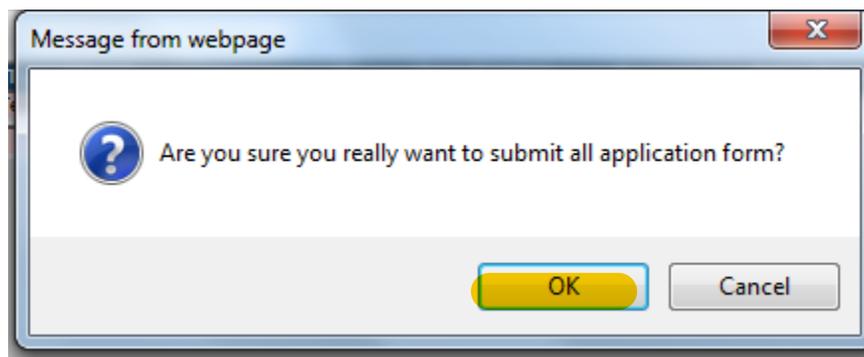
Attachment

Attachment Description

Add New Attachment

Cancel Continue

It will pop-up message box that “Are you sure you really want to submit all the application form?”, Click ‘OK’.



### ATTACHMENTS:

If you want to attach any document related to the license, click on **Add New Attachment** button.

Attachment

Attachment Description

Type: ▼ Description:  Browse...

Add New Attachment

Cancel Continue

When you are finished entering information in the tabs, click **Continue**. Your screen should appear as follows:

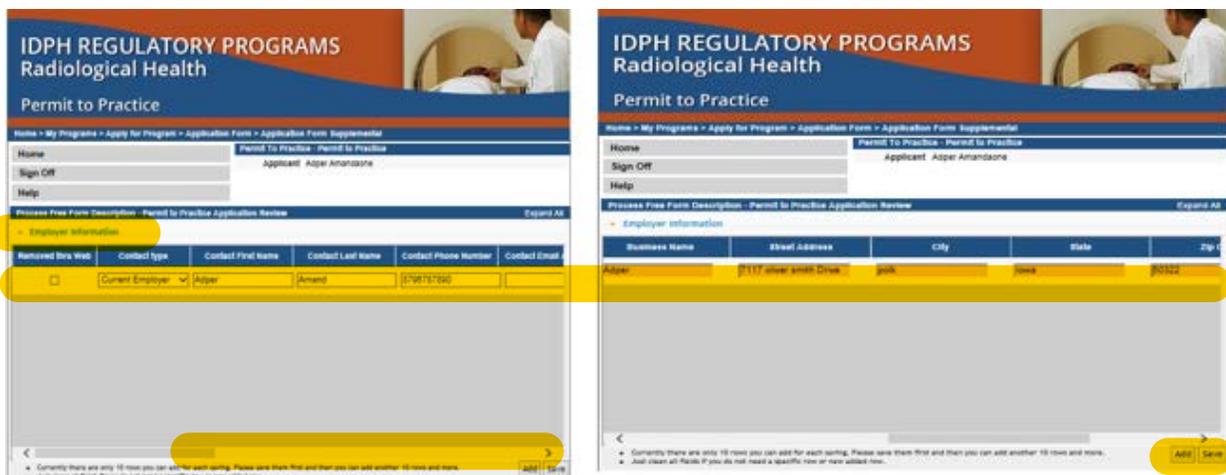
Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or pink color** must be completed before you can move to the next screen in the Application Process. Please enter the information in the non-required fields to assist us in reviewing your application.

**Employer Information:** Employer Information is mandatory. Expand the tab, click **Add** button to add employer. You can only select the employer type by selecting contact type, and enter all the fields which are necessary. If there is no employer, select contact type as **No Employer**, click **Save**.

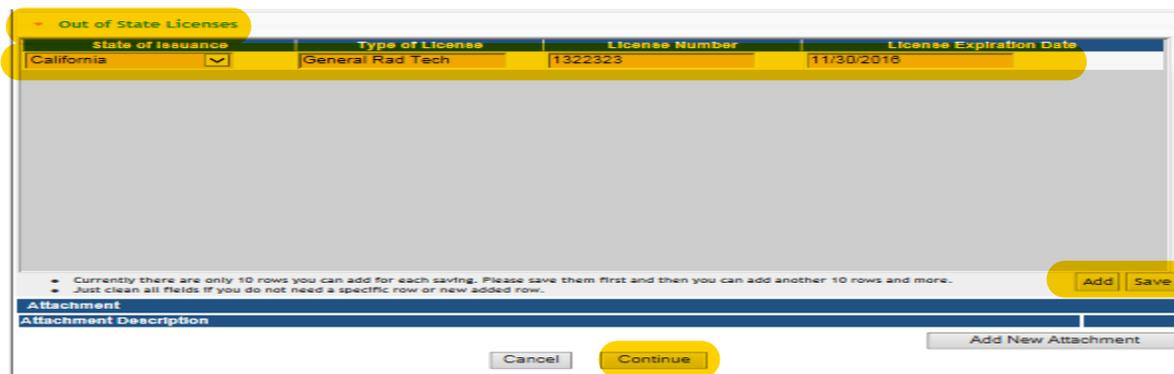
**Out of State Licenses:** Enter information as applicable. If you don't have other state license leave it.

Press the **Continue** button to complete the application.

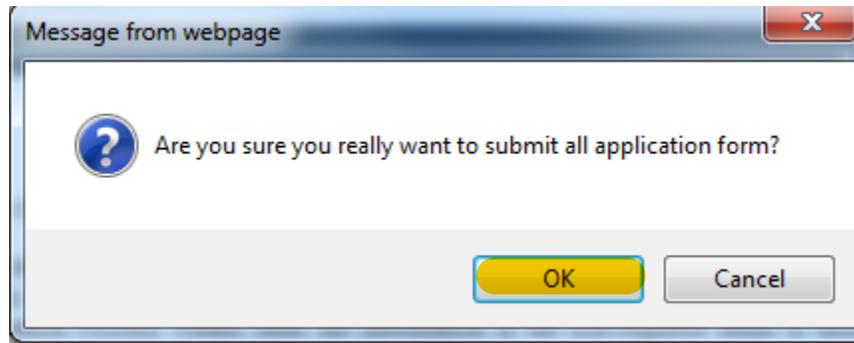
**Note:** If you click on **Cancel** button application will cancel completely.



**Out of State Licenses:** Enter information as applicable. If you don't have other state license leave it. If your applying as out of state it is required, click **continue**.



It will pop-up message box that “Are you sure you really want to submit all the application form?”, Click ‘OK’.



When you click **OK**. Your screen should appear as follows:

While Entering the information if you see any Pink fields those are mandatory it will not allow you to save if we don't give that information. Please make sure to complete all the fields before you can move to the next screen in the application process.

Click on the orange arrow to expand the group tabs for entering all the information in the fields.

**Classification Details:** Enter all the information. If you maintain ARRT or NREMT Registry we must have renew that credentials. Please put the **New Expiration Date and Biennium Date**. If you do not maintain this click **No**.

**Public Portal Affirmation:** Say **Yes** if you agree by entering all the information.

Press the **Continue** button to complete the application

**Note:** Pressing the **Cancel** button will stop the Application Process.

# IDPH REGULATORY PROGRAMS Radiological Health

## Permit to Practice

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

Permit To Practice - Permit to Practice  
Applicant: Adper Amandaone

Process Description - General Radiologic Technologist Collapse All

**Classification Details**

Certification Organization: Nuclear Medicine Technologist Certificati

ARRT Registration Type: R

ARRT Registration #: 121123

Do you maintain current ARRT registration?  Yes  No

ARRT Expiration Date: 11/30/2016

ARRT Biennium End Date: 11/30/2016

**Public Portal Affirmation**

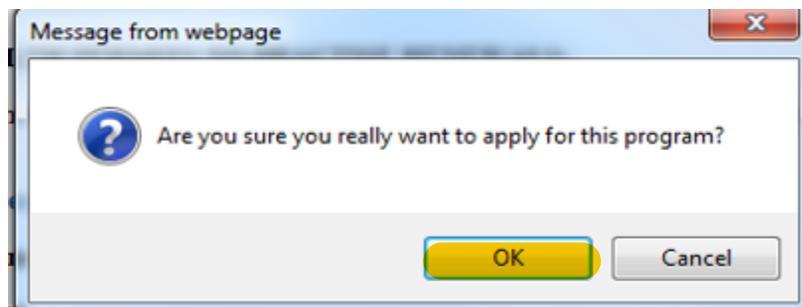
By checking this box, I am submitting this application for review with all required documentation and attachments.  Yes  No

Attachment

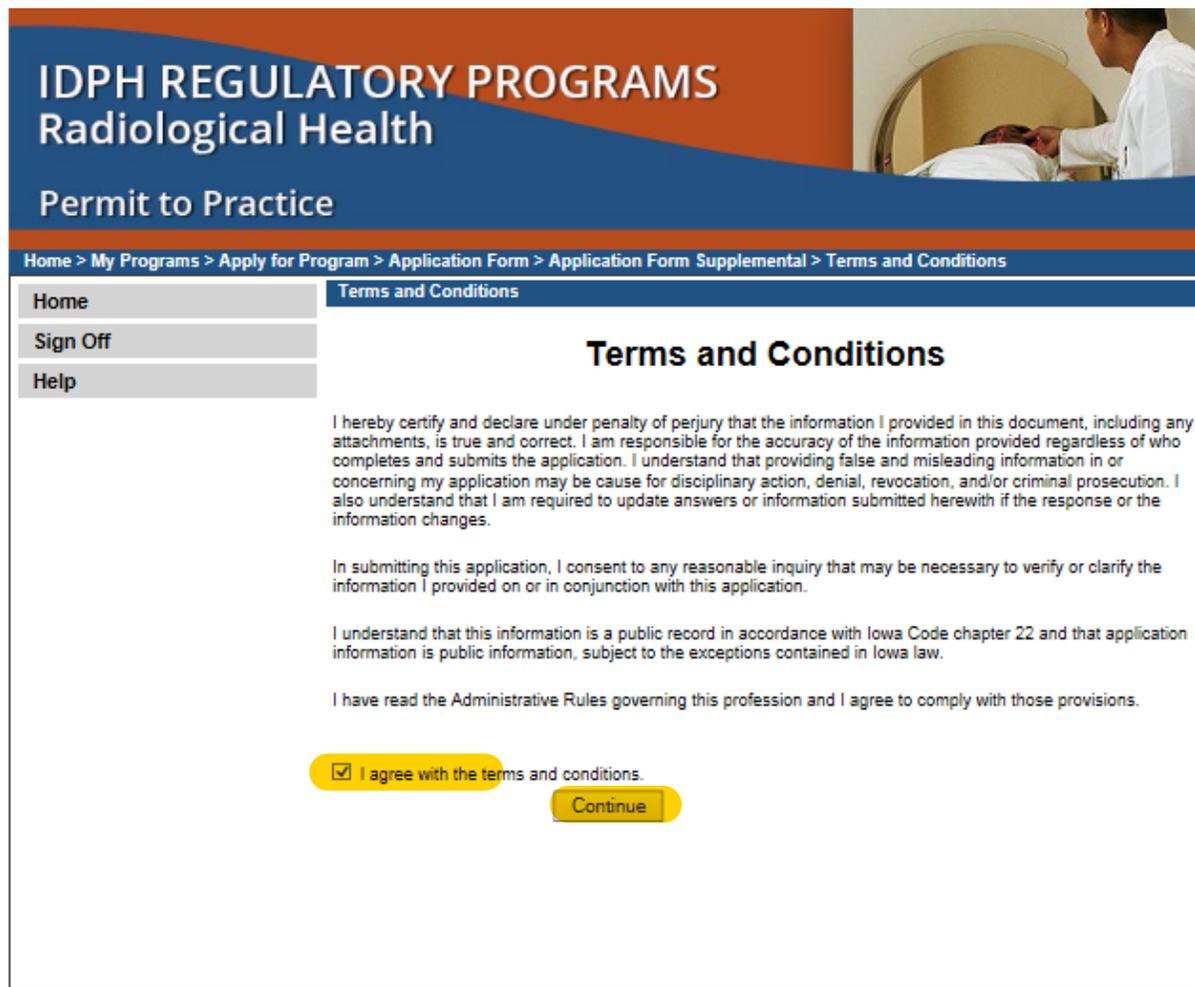
Attachment Description

Cancel Continue Add New Attachment

It will pop-up message box that “Are you sure you really want to apply for this program?”, Click ‘OK’.



Please accept **Terms and Conditions** by reading the full description. If you agree with the Terms and Conditions, **select the check box** and **click on Continue**.



The screenshot shows a web page for IDPH Regulatory Programs, Radiological Health, Permit to Practice. The page title is "Terms and Conditions". The breadcrumb trail is "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions". The page content includes a navigation menu with "Home", "Sign Off", and "Help". The main text states: "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." It also 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." and "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." and "I have read the Administrative Rules governing this profession and I agree to comply with those provisions." At the bottom, there is a checked checkbox "I agree with the terms and conditions." and a "Continue" button.

A payment page will open; you can choose the button **Pay Later** or **Pay Now**

**Note:** Your application is not considered submitted until payment is made.

**IF YOU SAY PAY LATER:**

If you want to send a **check** to IDPH Program Office, please enter a **Reference Row ID #** on the **Memo field of the Check**. **Reference Row ID #** is displayed below the **Fee Details in Make Payment Page**.

# IDPH REGULATORY PROGRAMS Radiological Health

## Permit to Practice

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
5049	Permit To Practice	Permit to Practice	New	RADI Technologist or Therapist Two or More Initial Fee	\$100.00	No

### Total

Fee Amount:	\$100.00
Paid Amount:	\$0.00
Cancelled Amount:	\$0.00
Fee Due:	\$100.00

### Payment Later Options

Cheque

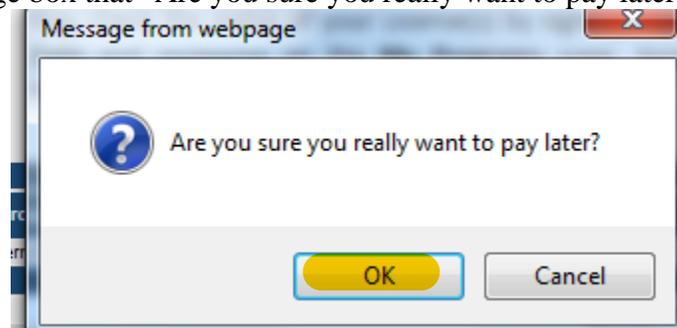
Pay Later

Pay Now

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It will pop-up message box that “Are you sure you really want to pay later?”, Click ‘OK’



You can Pay through only by Clicking on Make Payment button.

**Note:** Your application is not considered submitted until payment is made.

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

Home > My Programs Adper Amandaone

**Search Criteria**

License Number:

Program:

Status:

City:

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
	Adper Amandaone	Permit To Practice	New		11/30/2016	Des Moines	<a href="#">Details</a>	<a href="#">Online Services</a>	

**PAY ONLINE-IF YOU CLICK ON PAY NOW:**

Select **Online Payment** from dropdown. Click **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

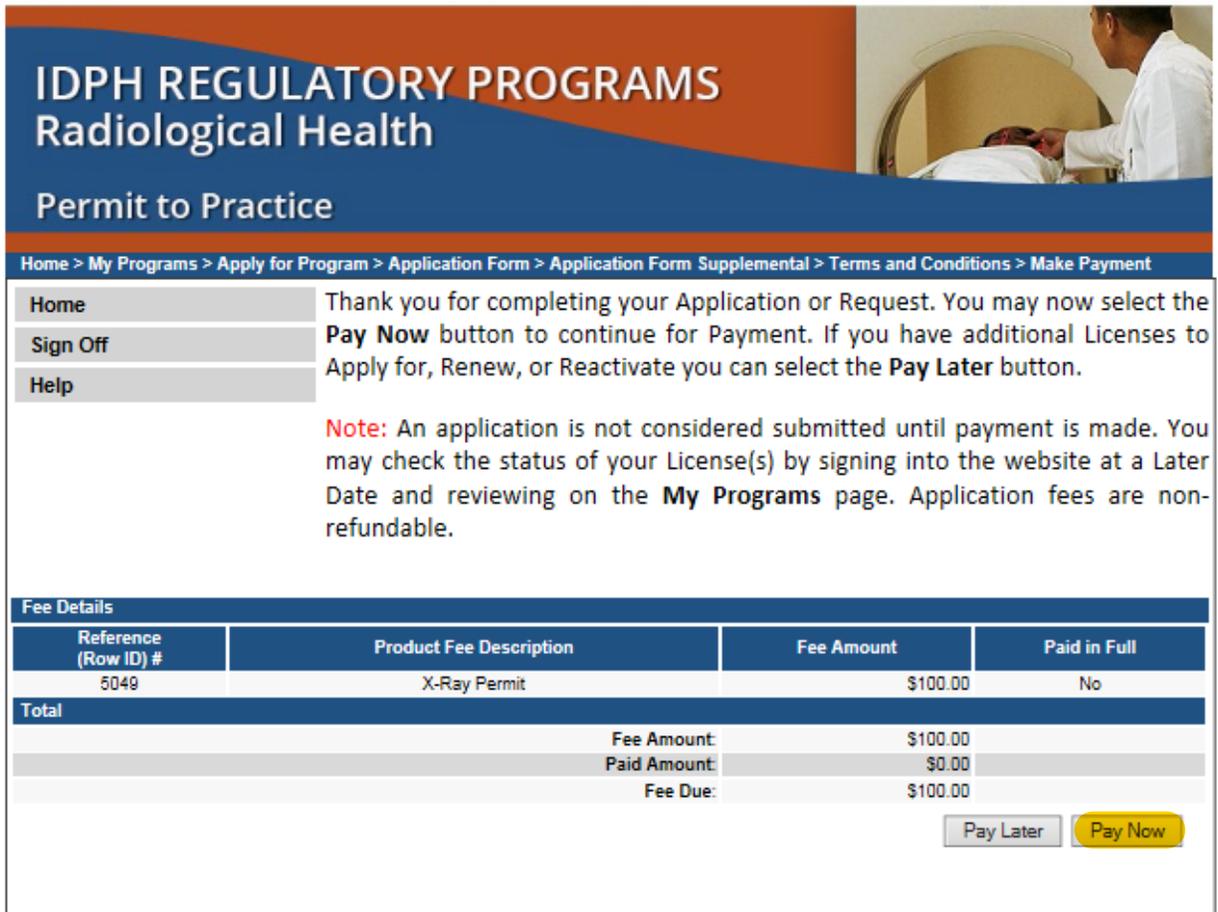
Home  
Sign Off  
Help

**Fee Details**

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
5049	Permit To Practice	Permit to Practice	New	RADI Technologist or Therapist Two or More Initial Fee	\$100.00	No
<b>Total</b>					<b>Fee Amount:</b>	\$100.00
					<b>Paid Amount:</b>	\$0.00
					<b>Cancelled Amount:</b>	\$0.00
					<b>Fee Due:</b>	\$100.00

**Payment Later Options**

Page will Refresh. Below screen displays, click **Pay Now**.



The screenshot shows a web page for the IDPH Regulatory Programs Radiological Health Permit to Practice. The page has a blue and orange header with the text "IDPH REGULATORY PROGRAMS Radiological Health Permit to Practice". Below the header is a breadcrumb trail: "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment". On the left, there are three menu items: "Home", "Sign Off", and "Help". The main content area contains a thank you message and a "Pay Now" button. A note states: "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." Below the note is a "Fee Details" table with four columns: Reference (Row ID) #, Product Fee Description, Fee Amount, and Paid in Full. The table shows a single row for "X-Ray Permit" with a fee amount of \$100.00 and "No" paid in full. Below the table is a summary section with "Fee Amount: \$100.00", "Paid Amount: \$0.00", and "Fee Due: \$100.00". At the bottom right, there are two buttons: "Pay Later" and "Pay Now".

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

Home 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.

Sign Off

Help

**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.

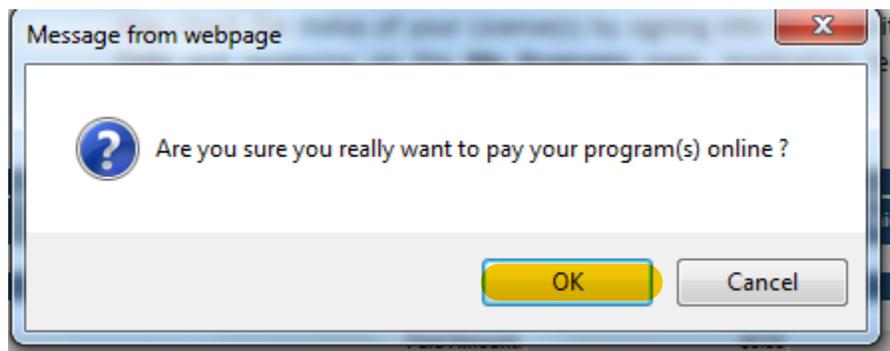
Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
5049	X-Ray Permit	\$100.00	No

Total

Fee Amount: \$100.00  
Paid Amount: \$0.00  
Fee Due: \$100.00

Pay Later Pay Now

It will pop-up message box that “Are you sure you really want to pay your program(s) online?”, Click ‘OK’.



You should see the following screen. Select **Payment Method**, and fill in your payment details. Click **Continue**.

**Make a Payment**

My Payment

**IDPH Licensing and Regulatory Programs**  
Amount Due \$100.00

Payment Information

Frequency One Time  
Payment Amount \$100.00  
Payment Date Pay now

Contact Information

First Name Apper  
Last Name Amandaone  
Company (Optional)  
Address 1 09 N Oliver Drive  
Address 2 (Optional)  
City/Town Des Moines  
State/Province/Region IA  
Zip/Postal Code 56789  
Country US  
Phone Number 899090900  
Email Address adperamandaone@gmail.com

Payment Method

Payment Method Select

**Continue** Cancel

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

Click **Continue Payment**.

**Alert**

A similar payment was initiated within the last 14 days.  
Do you wish to proceed with this payment?

**Continue Payment** Cancel

Please review the information and select **Confirm** to process your payment. Select **Back** to return to the previous page to make changes to your payment.



### Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

#### Payment Details

<b>Description</b>	Department of Public Health IDPH Licensing and Regulatory Programs <a href="https://idph.iowa.gov/">https://idph.iowa.gov/</a>
<b>Payment Amount</b>	\$100.00
<b>Payment Date</b>	11/22/2016

#### Payment Method

<b>Payer Name</b>	Adper Amandaone
<b>Card Number</b>	*1111
<b>Expiration Date</b>	Mar-2018
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	adperamandaone@gmail.com

#### Billing Address

<b>Address 1</b>	09 N Oliver Drive
<b>City/Town</b>	Des Moines
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	56789
<b>Country</b>	United States

#### Contact Information

<b>First Name</b>	Adper
<b>Last Name</b>	Amandaone
<b>Address 1</b>	09 N Oliver Drive
<b>City/Town</b>	Des Moines
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	56789
<b>Country</b>	United States
<b>Phone Number</b>	8990900900
<b>Email Address</b>	adperamandaone@gmail.com

[Confirm](#) [Back](#)

Below is your confirmation page. Please keep a record of your Confirmation Number, or [print this page](#) for your records, click **Continue**.



### Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWDPH004002579**

#### Payment Details

<b>Description</b>	Department of Public Health IDPH Licensing and Regulatory Programs <a href="https://idph.iowa.gov/">https://idph.iowa.gov/</a>
<b>Payment Amount</b>	\$100.00
<b>Payment Date</b>	11/22/2016
<b>Status</b>	PROCESSED

#### Payment Method

<b>Payer Name</b>	Adper Amandaone
<b>Card Number</b>	*1111
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	adperamandaone@gmail.com

#### Billing Address

<b>Address 1</b>	09 N Oliver Drive
<b>City/Town</b>	Des Moines
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	50319
<b>Country</b>	United States

[Continue](#)

# 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.:	1504	Payment Date:	11/22/2016	Invoice No.:	4297
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### Payer Information

Company:	
Payment Made By:	Adper Amandaone
	09 N Oliver Drive Des Moines, IA 50319 US
Phone No.:	(899)090-0900
Payment Method:	Online Payment
Payment Amount:	100.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004002579 Name=Adper Amandaone

### Receipt Details

Fee Description	Internal Ref. No.	Amount
RADI Technologist or Therapist Two or More Initial Fee	5049	\$100.00
	Total:	\$100.00

[Home](#)

[My Profile](#)

[My Programs](#)