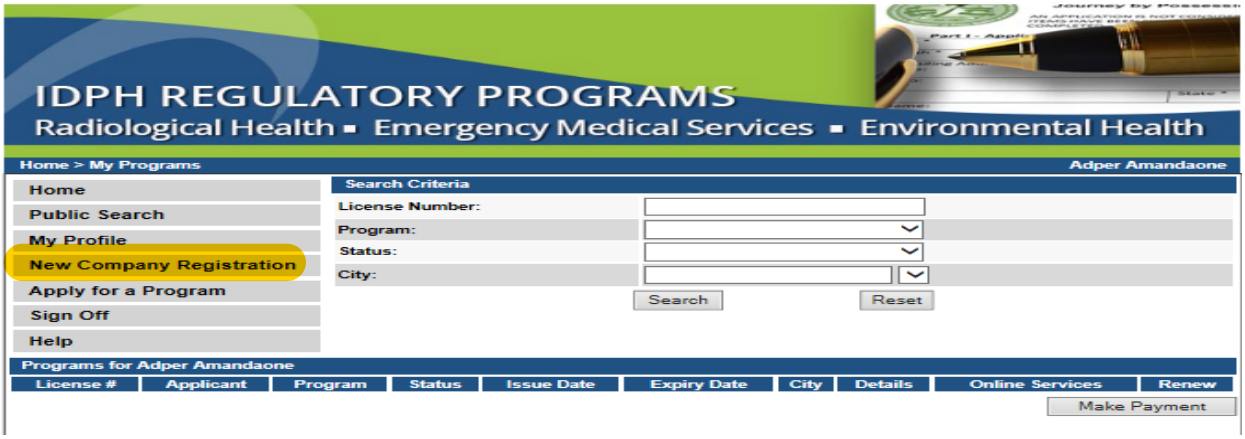
INSTRUCTIONS TO APPLY FOR RADIOLOGICAL FACILITY

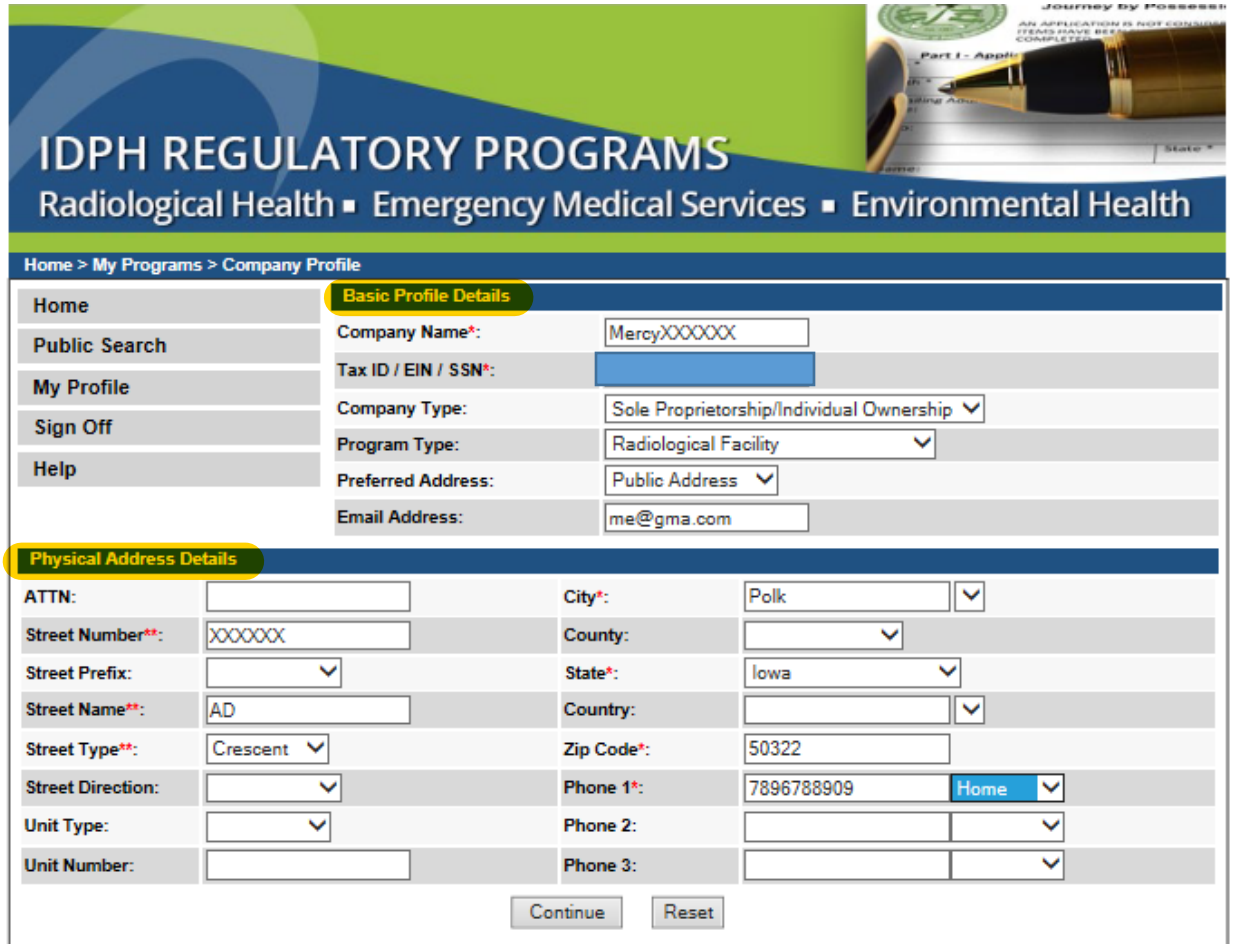
Once you sign in to the Public Portal, your screen should appear as follows. Click on the **My Profile** button.

- If you want to create a New Company or enter an existing company for the **first time**, click on the **Continue Button (if you have never been registered for the license type you are applying for)**
- If you are already an existing company, the company name should be listed in the left-hand column. Select the particular company and click on **Continue.**

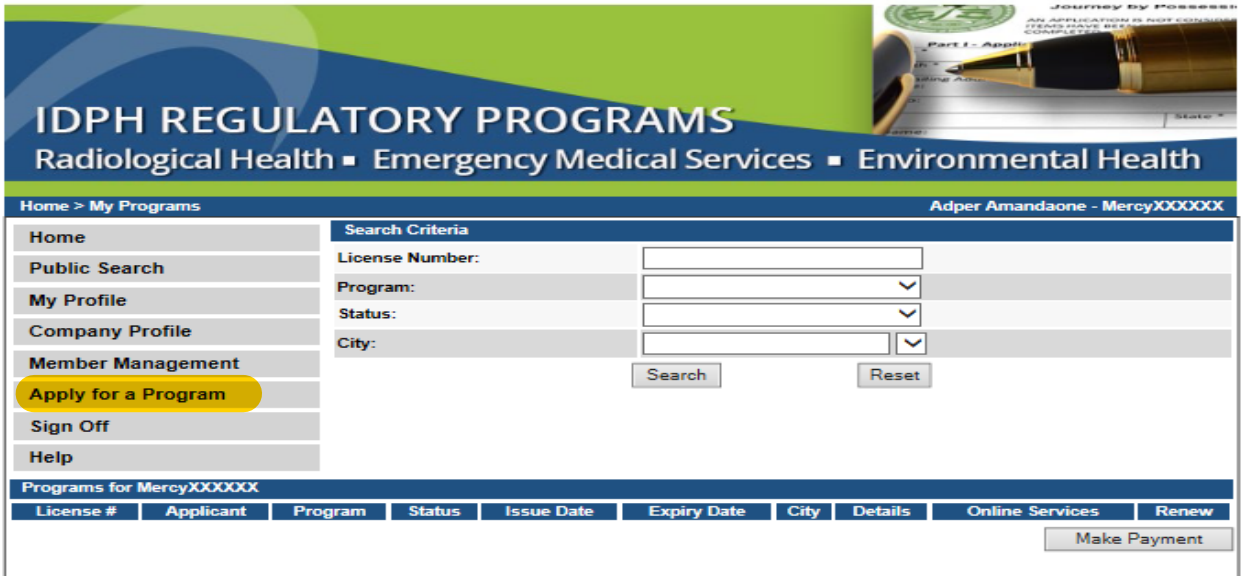
If you want to create a Brand New Company or enter an existing company for the **first time**, click on **New Company Registration**. **(If you have never been registered for the license type you are applying for)**



Enter company and address details. Click on **Continue.** Your screen should appear as follows:

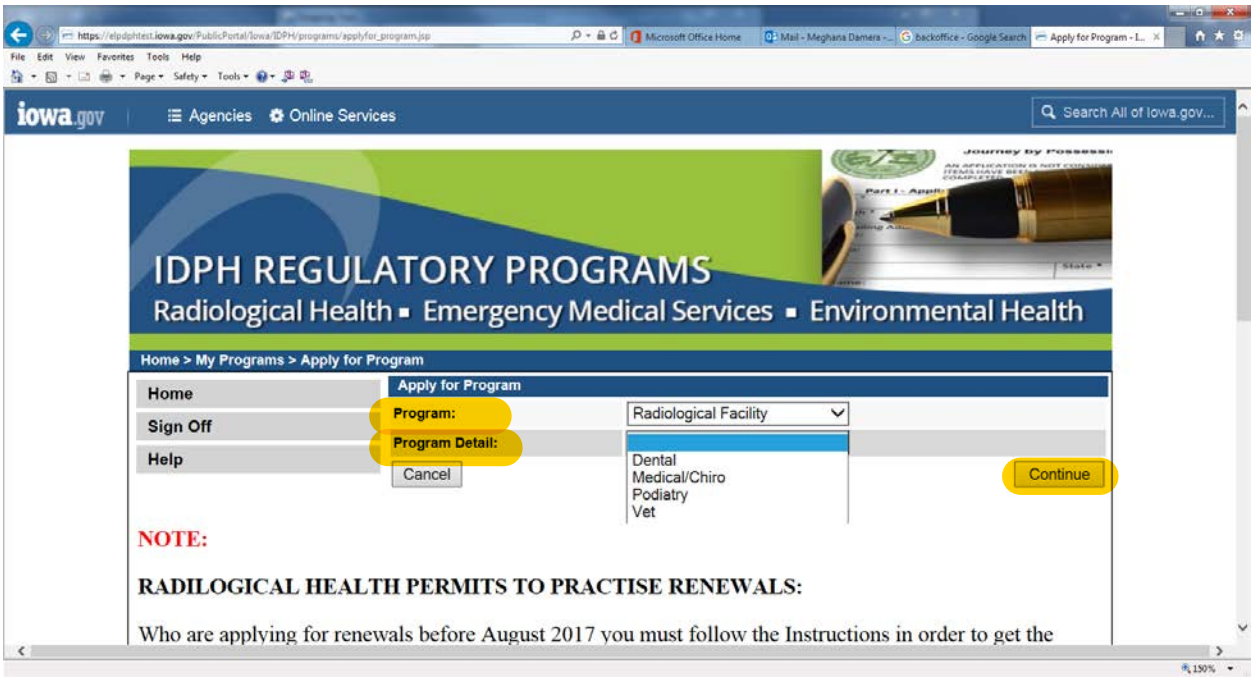


Once you click on **Continue,** it opens the following screen. Click on **Apply for Program.**

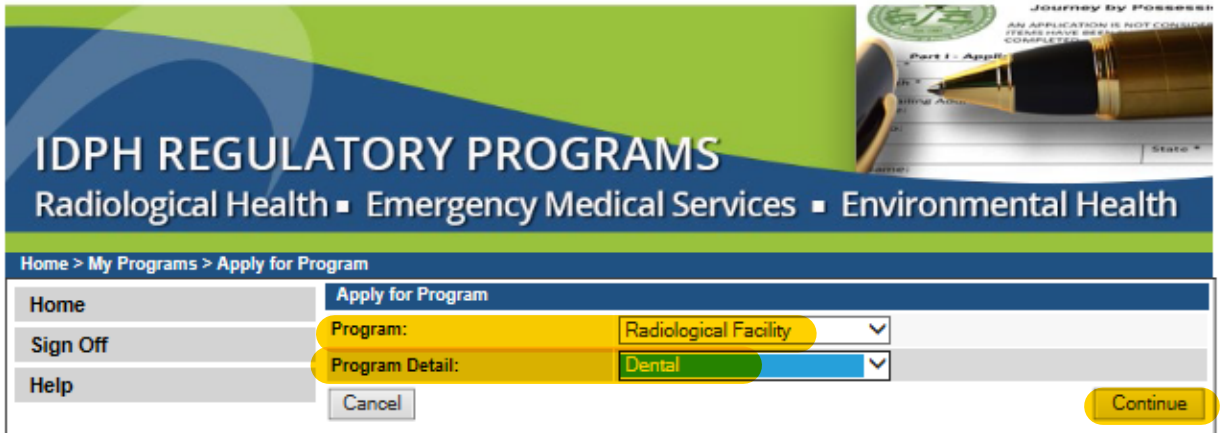


Once you have clicked on **Apply for Program,** you should see the following screen. Please select the **Program** and the **Program Details** from the dropdown lists.

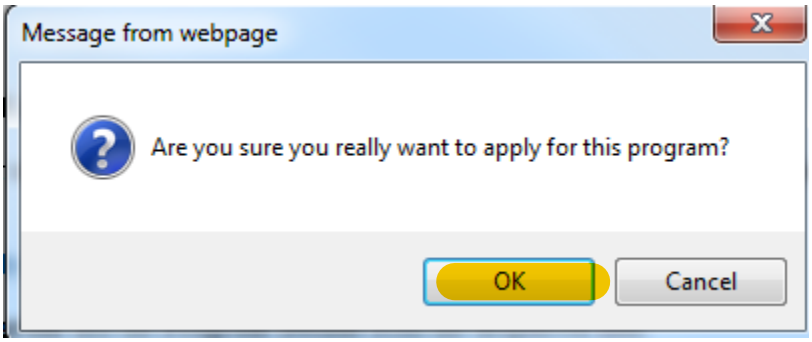
- Select the Program
- Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
- Click the **Continue** button.



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



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

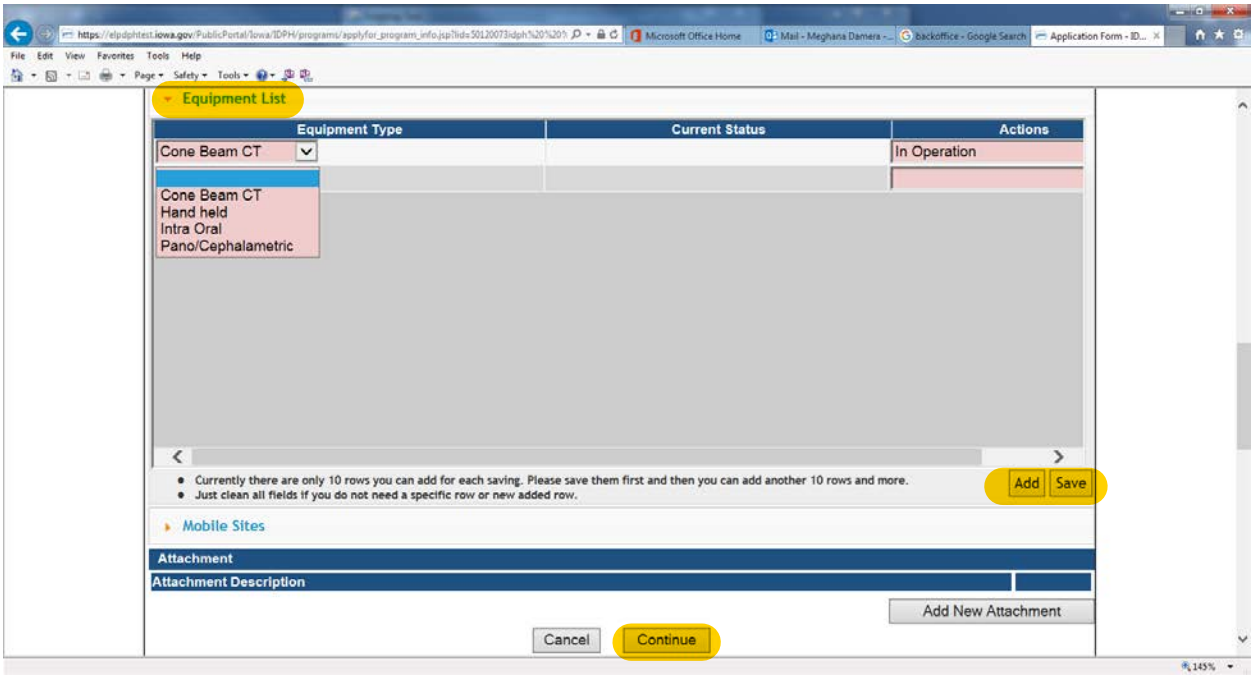


Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or pink color** must be completed before you can move to the next screen in the Application Process. Please enter the information in the non-required fields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

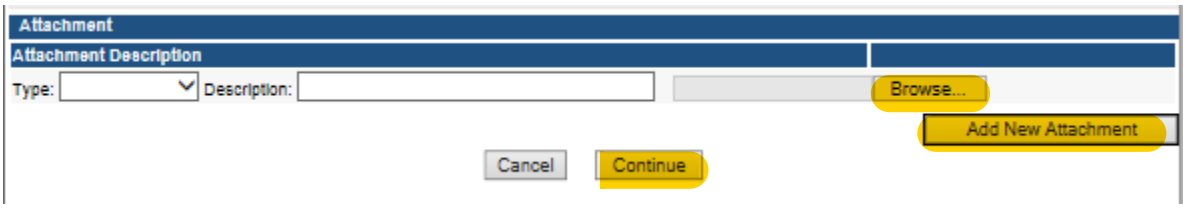
- The Affirmation tab is required. Please answer all questions.
- The **Facility Details** tab is required. Please provide the details.
- **Reciprocity Details** are required if the organization is Out of State.
- **IDPH Reference** if you apply for renewal say **Yes** and **enter previous license number**. If it is initial say **No.**
- **RADF Equipment List** is required (at least one piece of equipment is mandatory to apply for a license).
  - Click **Add.** A row is inserted.
  - Enter **Equipment Type** and **Action**.
    (If you have multiple pieces of equipment, click on **Add** and enter the **Equipment type** and **Action** for each item.)
  - Click **Save.**
- If you have any documentation to attach, please click on **Add New Attachment to** upload your document(s).

Click on **Continue** to complete the application process.
Note: If you press on **Cancel** button will stop the application completely.

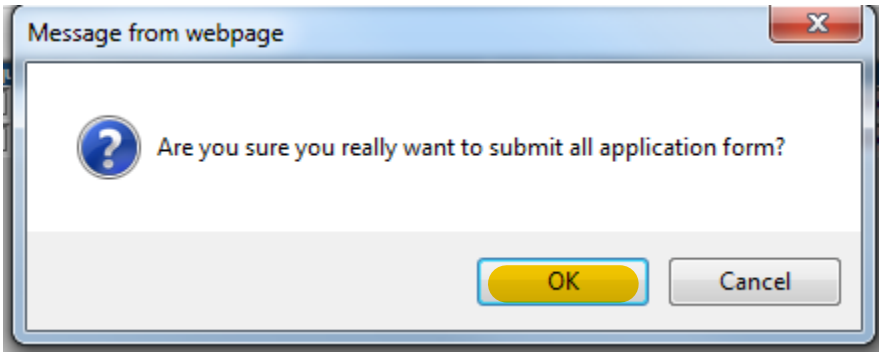
Below are the examples how to enter the information by expanding the tab:



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



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



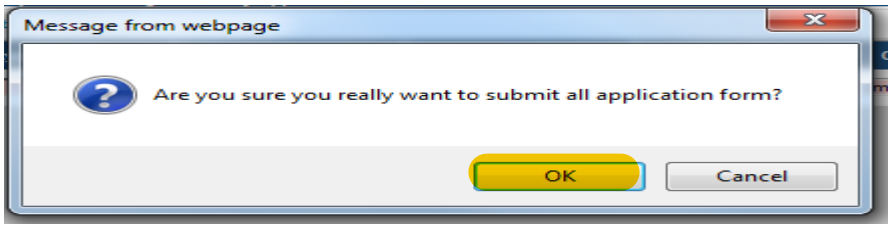
When you are finished entering information in the tabs, click **Continue**. Your screen should appear as follows:
Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or pink color** must be completed before 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.

Facility Contact List: Contact type is mandatory. Expand the tab, click **Add** button to add employer. You can only select the contact type by selecting contact type, and enter all the fields which are necessary, click **Save.**

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

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

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:

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

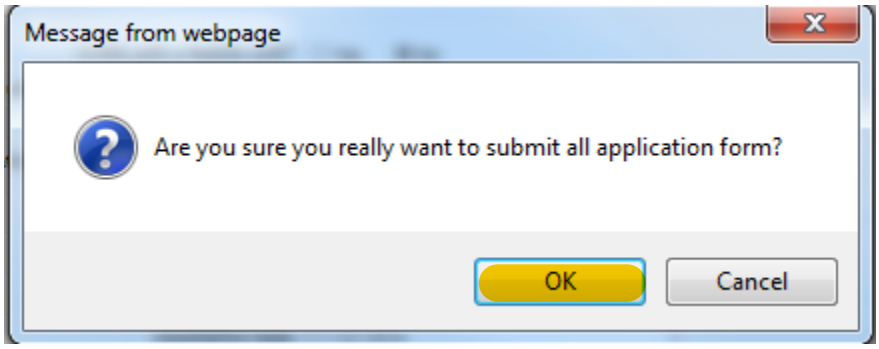
Fill out the **Unit Information** for each and every piece of equipment.

- Please enter all the relevant information in **Unit Information.**
- **Public Portal Affirmation:** Say **Yes** if you agree by entering all the information.

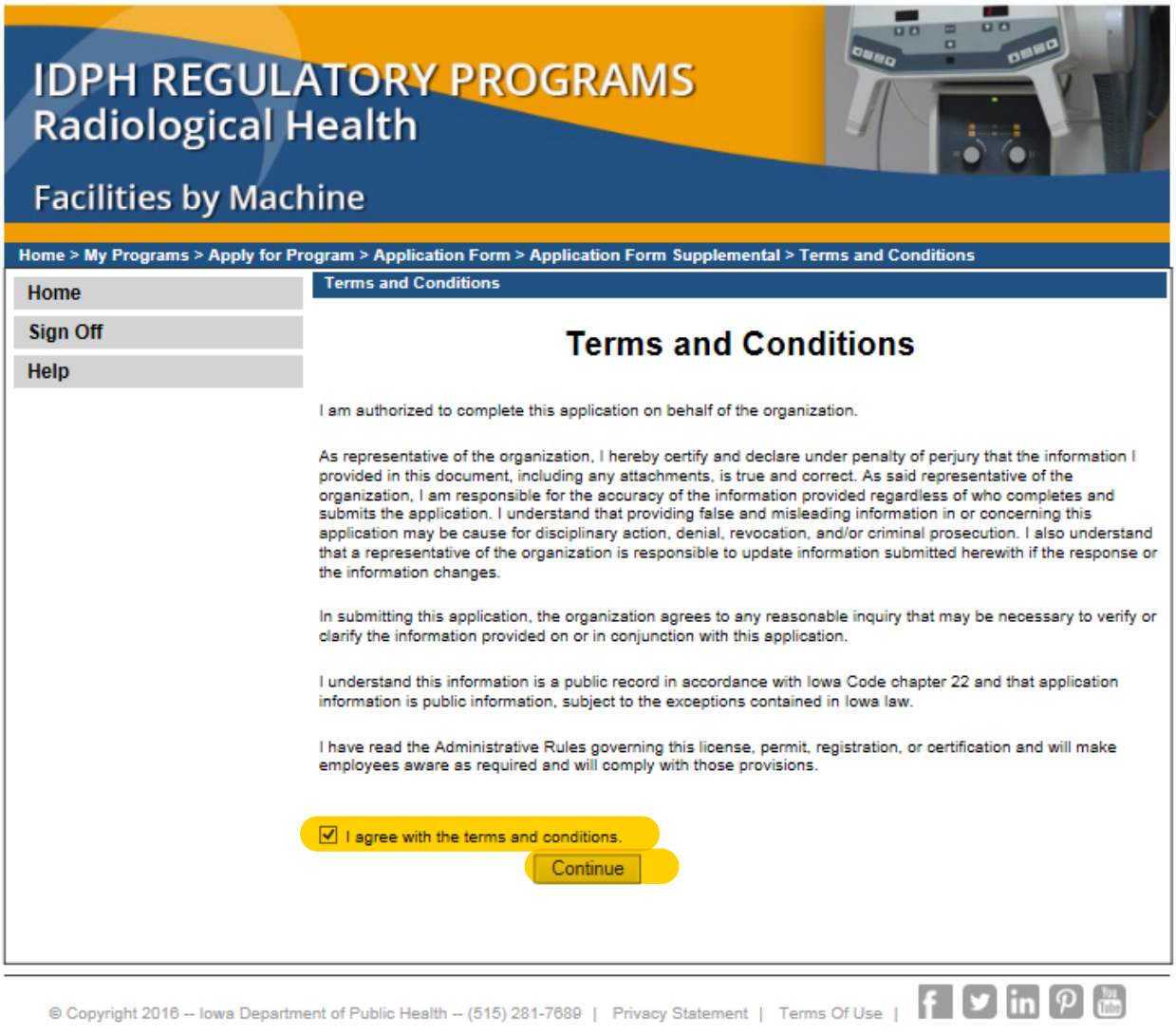
Press the **Continue** button to complete the application

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

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.**

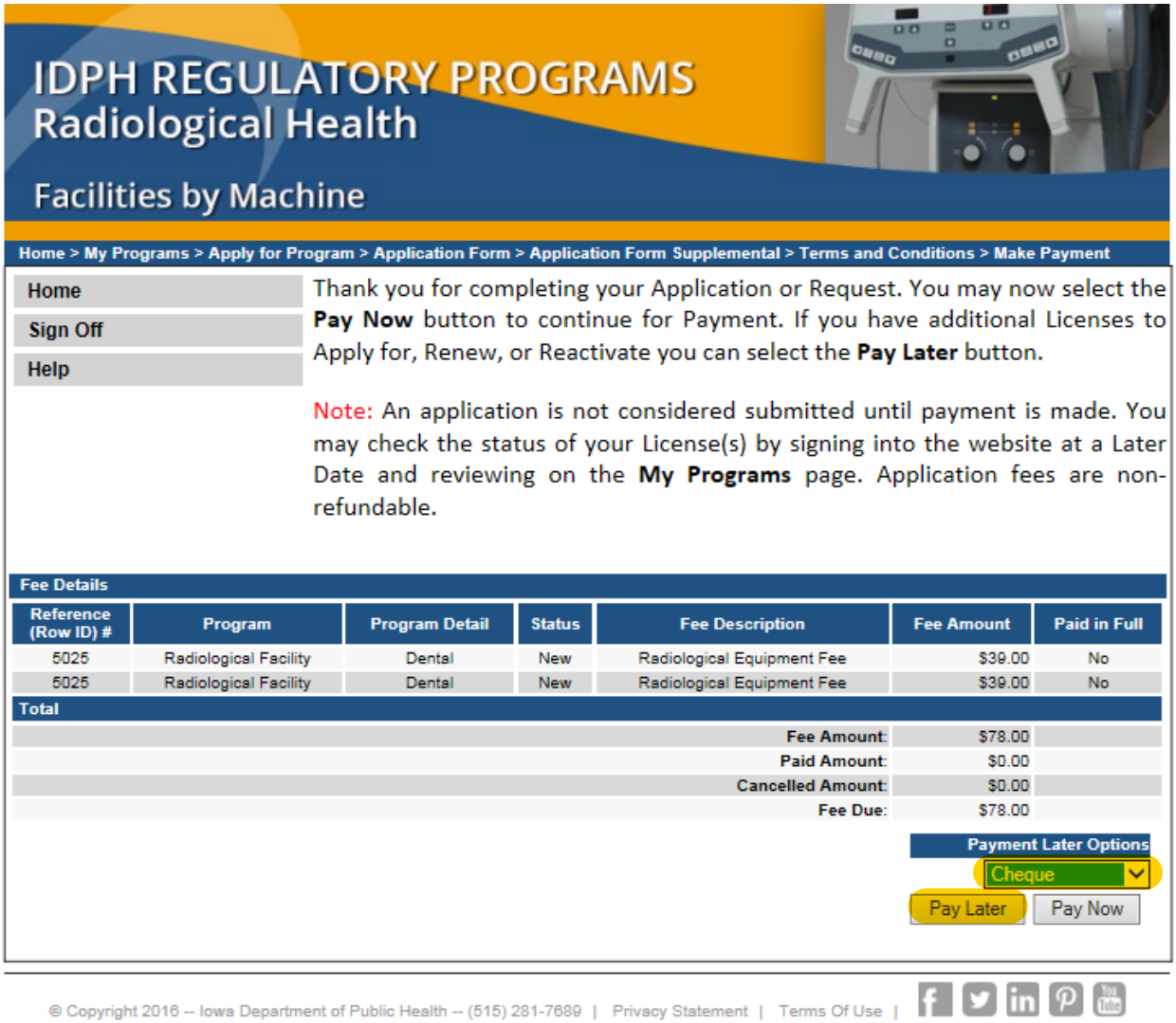


A payment page will open; you can choose the button **Pay Later** or **Pay Now**

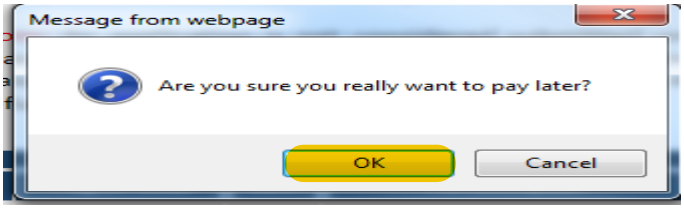
Note: Your application is not considered submitted until payment is made.

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.**

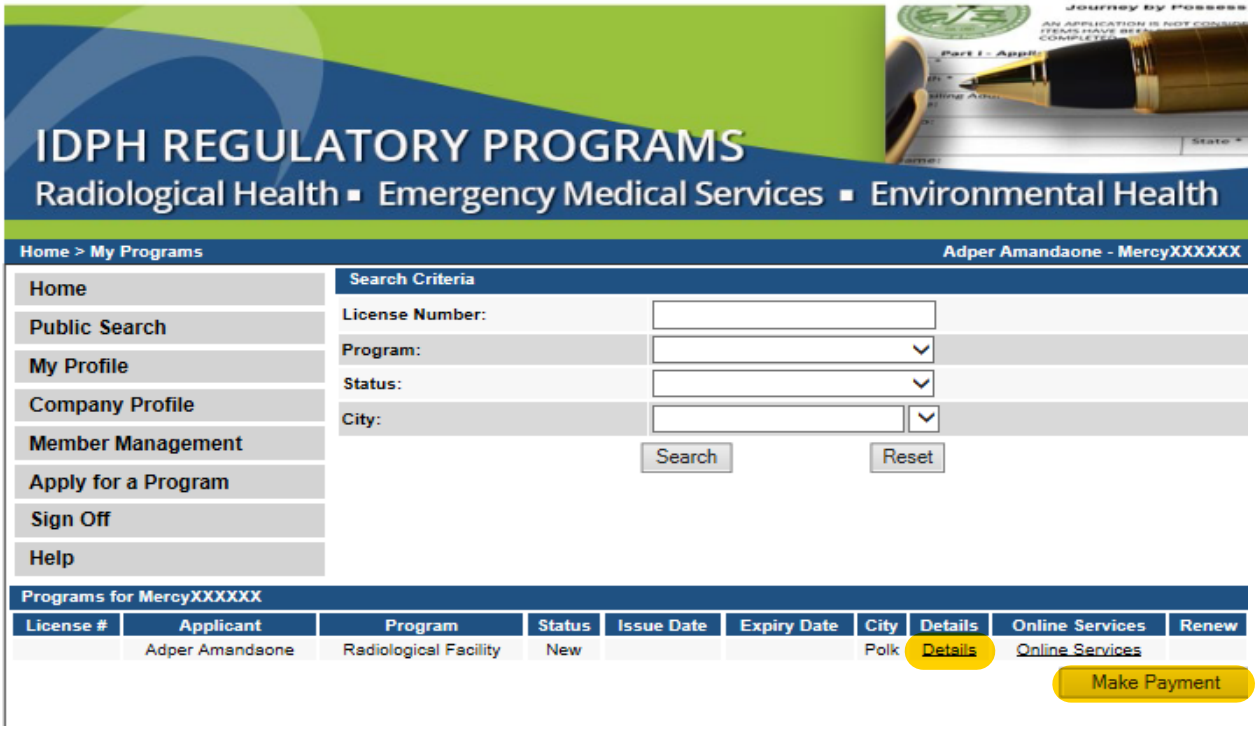


It will pop-up message box that “Are you sure you really want to pay later?”, Click ‘OK’.



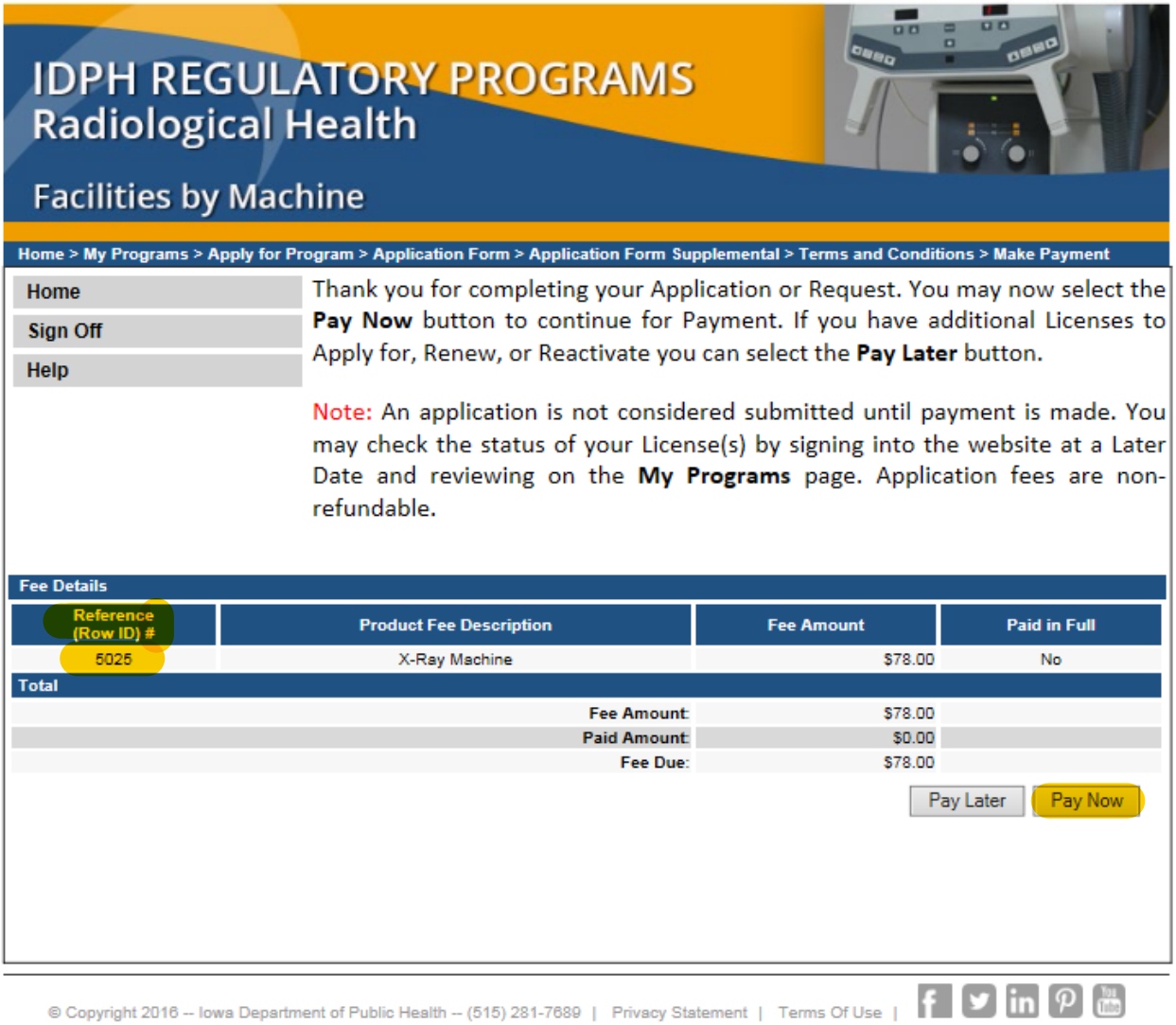
You can Pay through only by Clicking on Make Payment button.

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

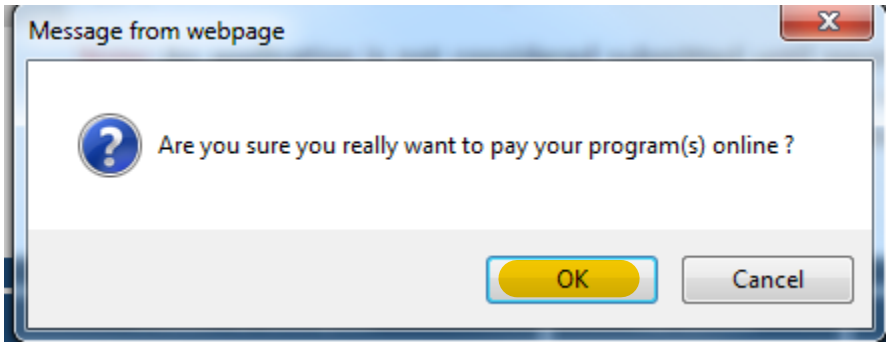


PAY ONLINE-IF YOU CLICK ON PAY NOW: Select **Online Payment** from dropdown. Click **Pay Now.**

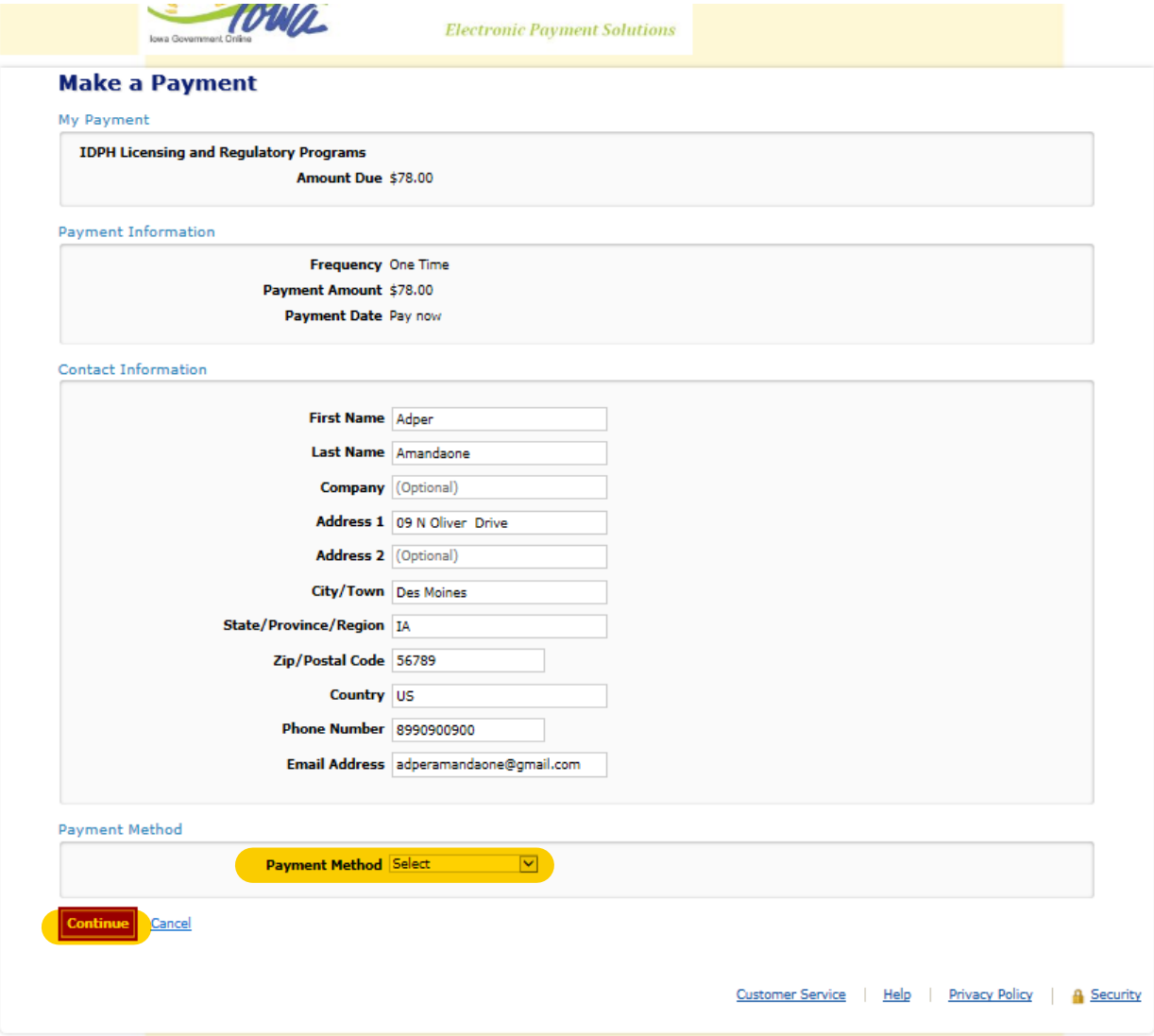
Page will Refresh. Below screen displays, click **Pay Now**

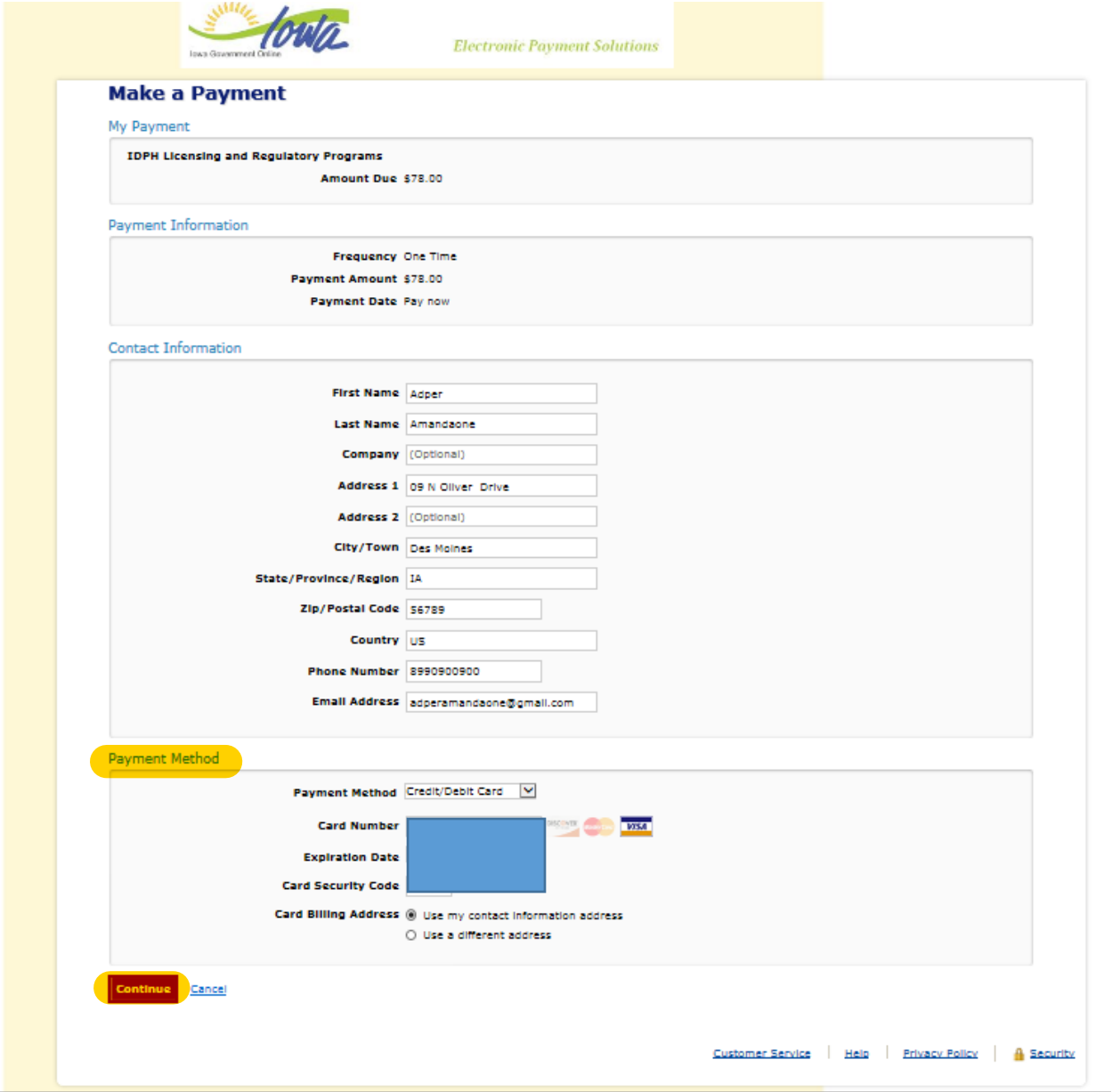


It will pop-up message box that “Are you sure you really want to pay your program?”, Click ‘OK’.

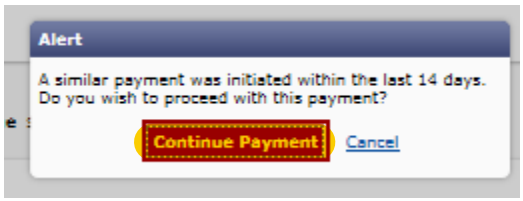


You should see the following screen. Select **Payment Method**, and fill in your payment details. Click **Continue.**

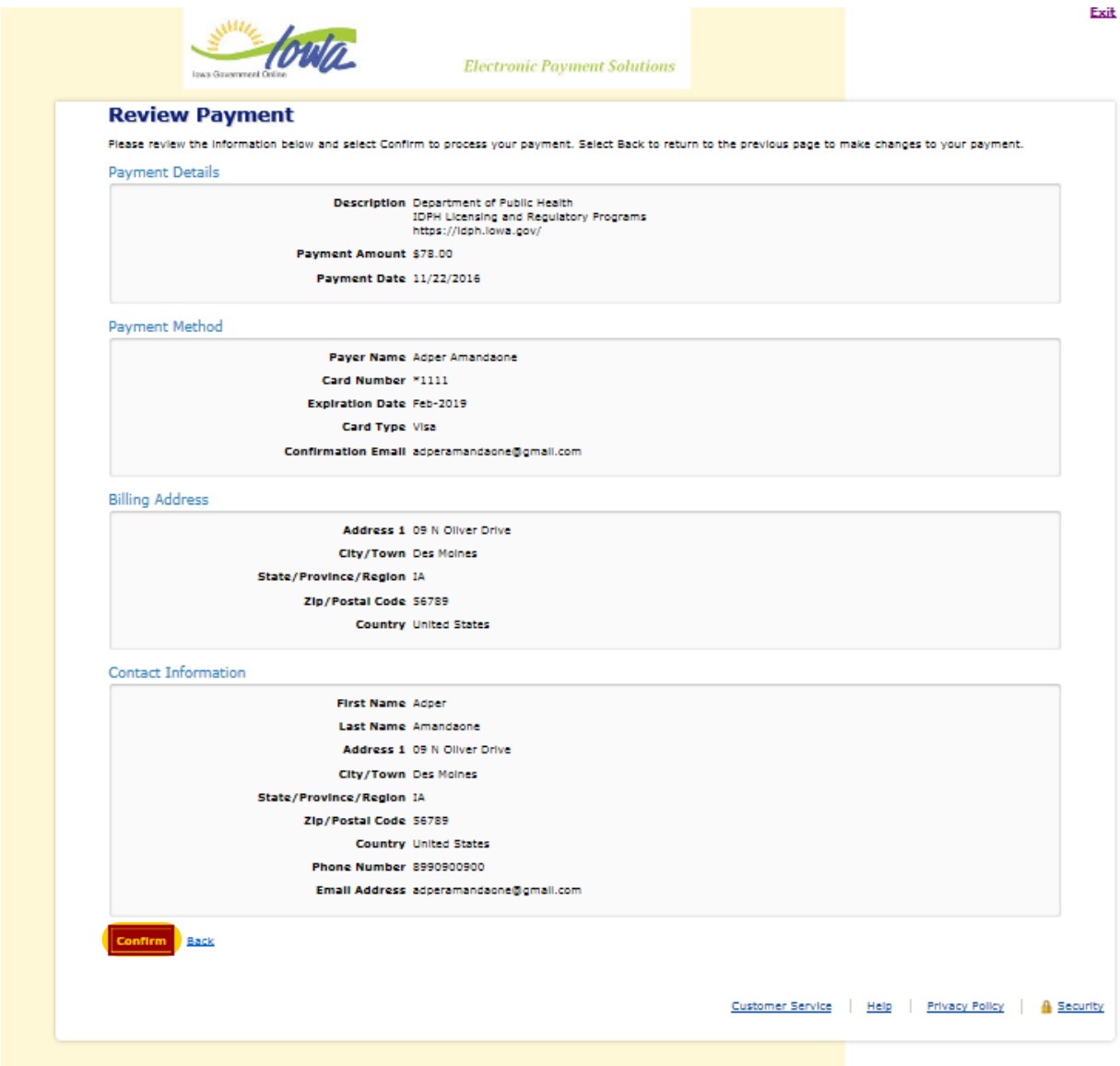




Click **Continue Payment.**



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.



Exit

Electronic Payment Solutions

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

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	$78.00
Payment Date	11/22/2016

Payment Method

Payer Name	Adper Amandaone
Card Number	*1111
Expiration Date	Feb-2019
Card Type	Visa
Confirmation Email	adperamandaone@gmail.com

Billing Address

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

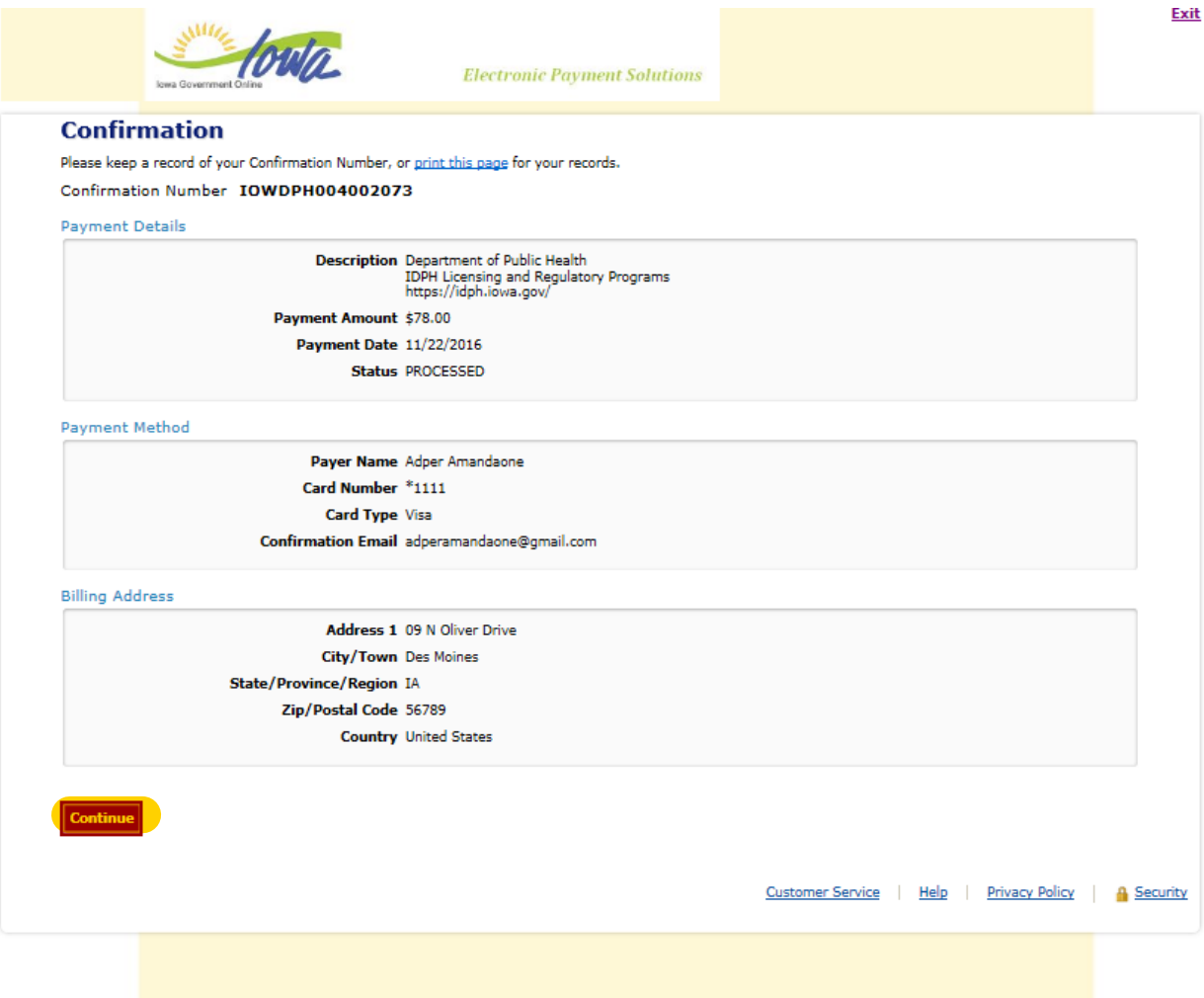
Contact Information

First Name	Adper
Last Name	Amandaone
Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States
Phone Number	899090900
Email Address	adperamandaone@gmail.com

Confirm Back

Customer Service | Help | Privacy Policy | Security

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



Exit

Iowa Government Online

Electronic Payment Solutions

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number **IOWDPH004002073**

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	$78.00
Payment Date	11/22/2016
Status	PROCESSED

Payment Method

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

Billing Address

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

Continue

Customer Service | Help | Privacy Policy | Security

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

Receipt

Receipt Information

Receipt No.:	1499	Payment Date:	11/22/2016	Invoice No.:	4273, 4274

Payer Information

Company:	
Payment Made By:	Adper Amandaone
	09 N Oliver Drive Des Moines, IA 56789 US
Phone No.:	(899)090-0900
Payment Method:	Online Payment
Payment Amount:	78.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004002073 Name=Adper Amandaone

Receipt Details

Fee Description	Internal Ref. No.	Amount
Radiological Equipment Fee	5025	$39.00
Radiological Equipment Fee	5025	$39.00
	Total:	**$78.00**

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