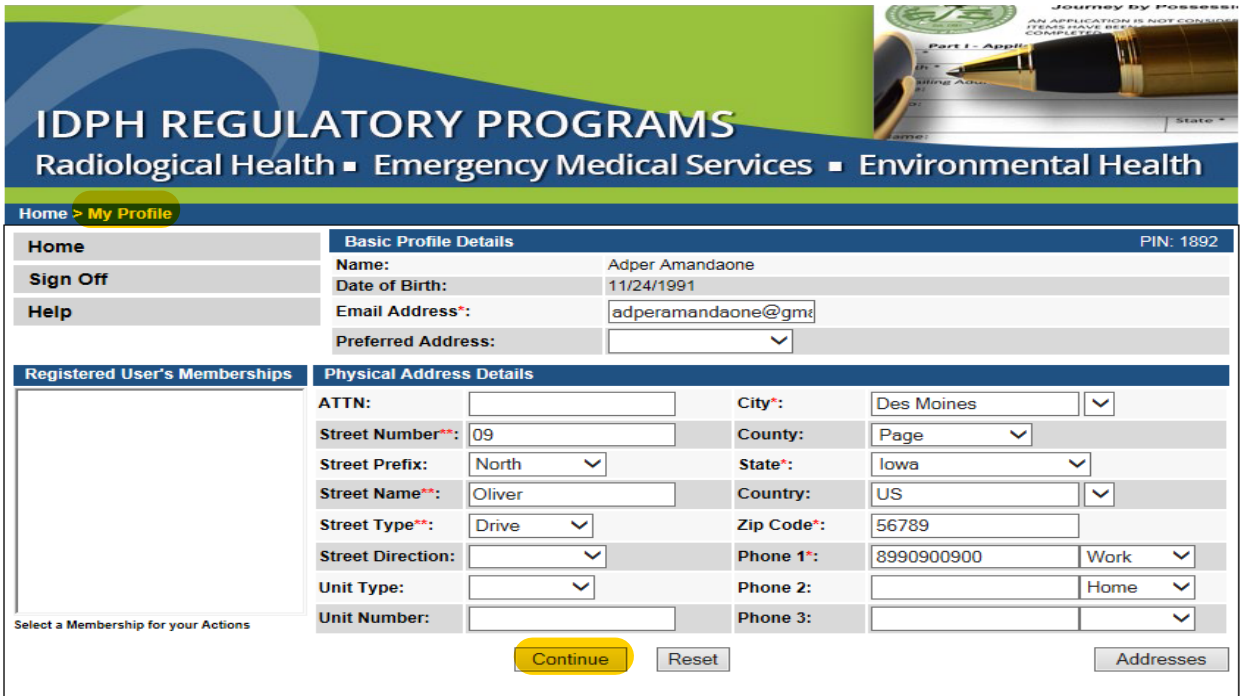
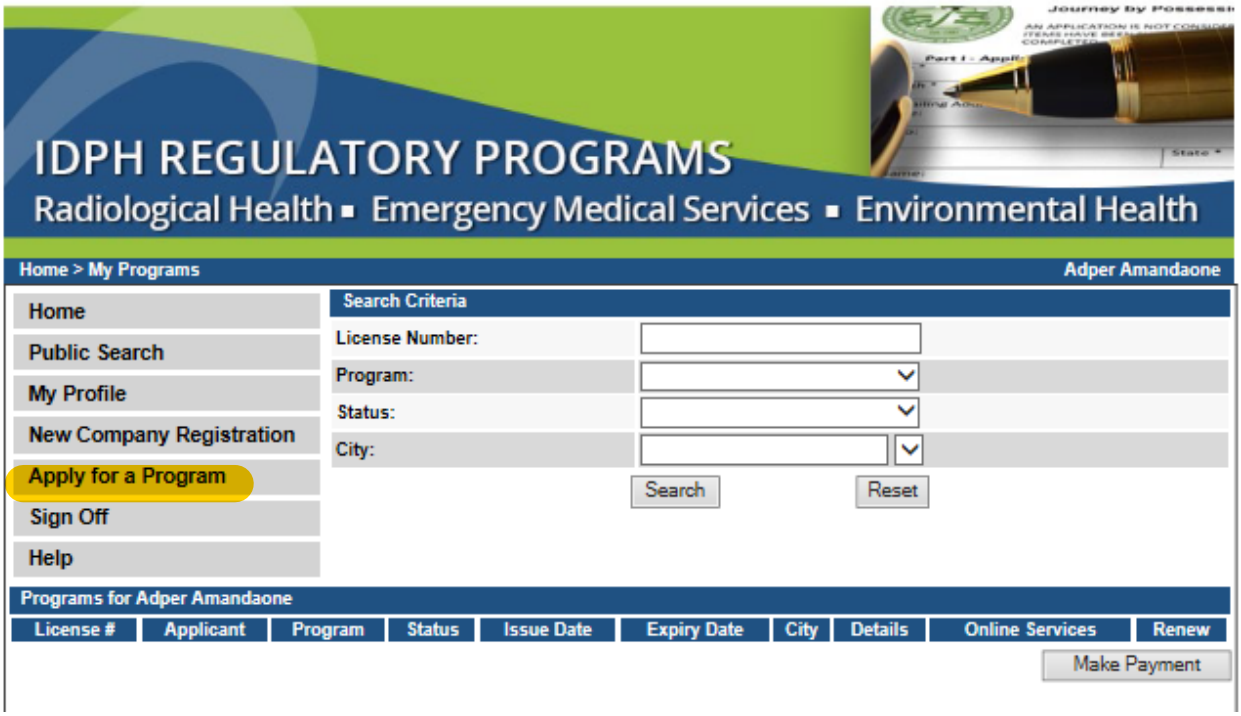
INSTRUCTIONS TO APPLY FOR
RADILOGICAL HEALTH PERMITS TO PRACTICE RENEWALS

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

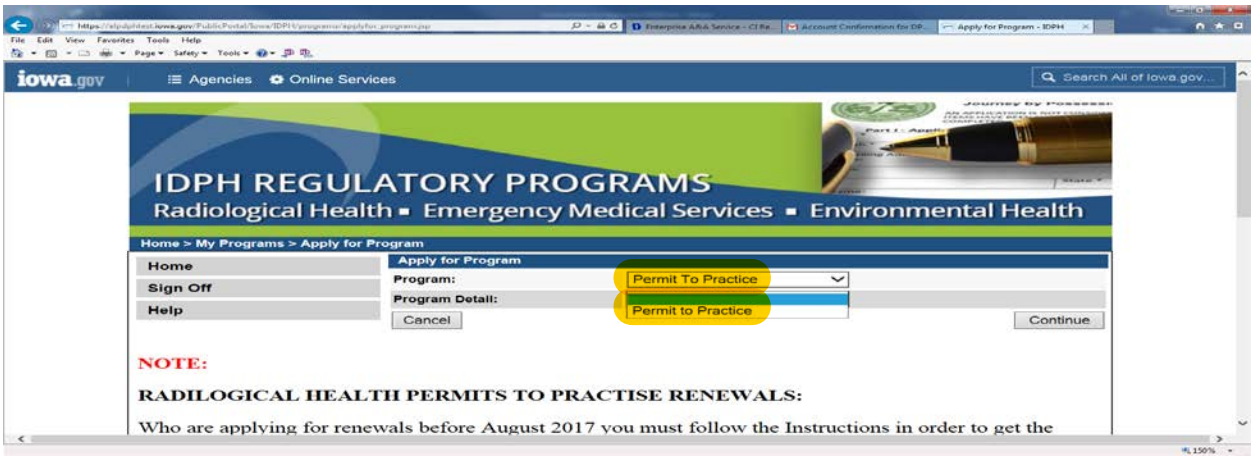


Under **My Profile**, click on the **Continue** button. The following screen should appear.

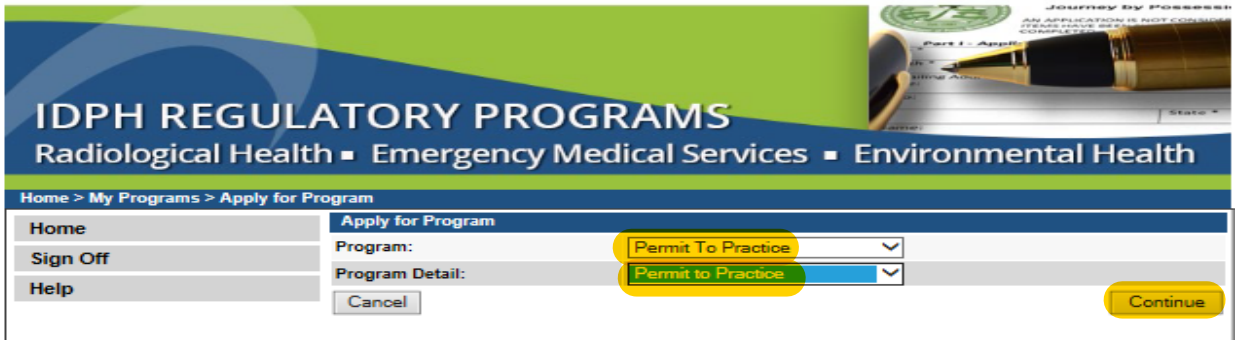


Click on **Apply for a Program** on the left-hand column. Your screen should appear as follows: Please select the **Program** and the **Program Details** from the dropdown lists.

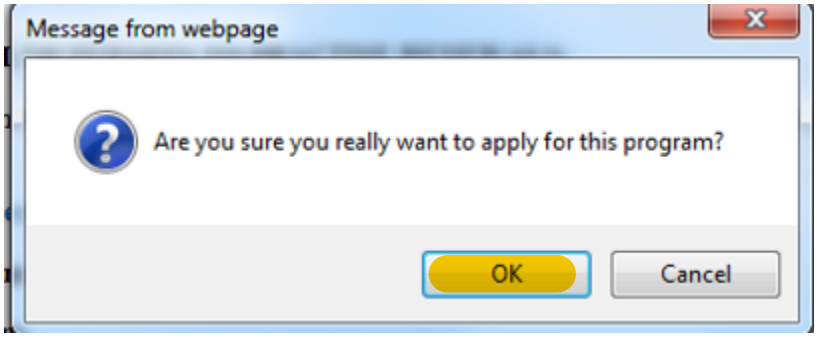
- Select the Program
- Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
- Click the **Continue** button.



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.

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 Adger Amendsone

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.	Testing
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

Add New Attachment

Cancel Continue

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

IDPH ID Number RADI4567899

Application Form Details — Expand All

Classifications

Attachment

Attachment Description

Add New Attachment

Cancel Continue

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

IDPH ID Number RADI4567899

Application Form Details — Collapse All

Classifications

Type of Permit	Type of Limited	Action Requested	Classification Stat
General Radiographic Technologist		Add Classification	New

- 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

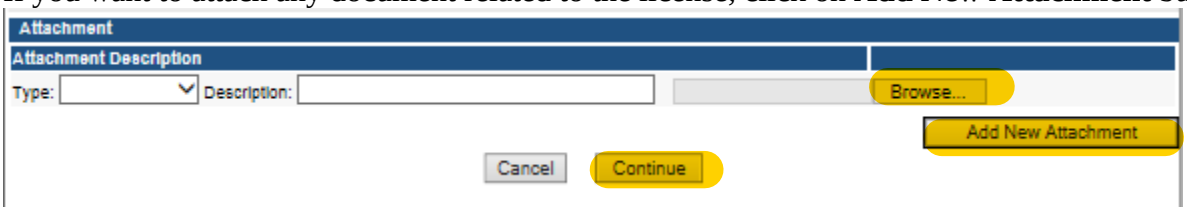
Attachment

Attachment Description

Add New Attachment

Cancel Continue

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



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.

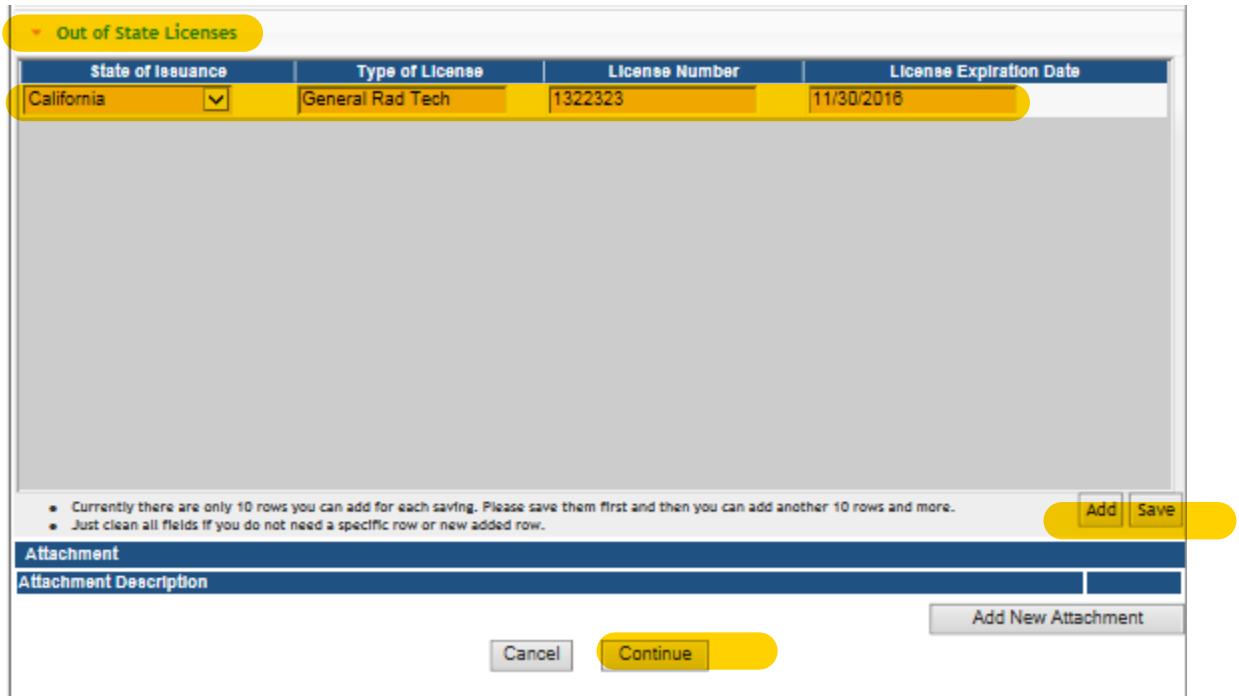
Employer Information: Employer Information is mandatory. Expand the tab, click **Add** button to add employer. You can only select the employer type by selecting contact type, and enter all the fields which are necessary. If there is no employer, select contact type as **No Employer,** click **Save.**

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

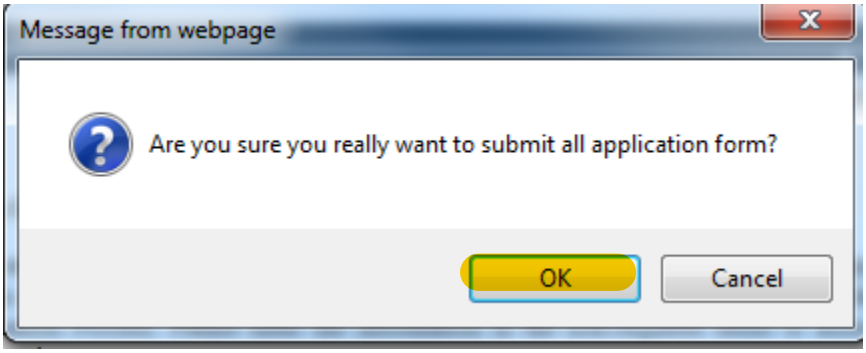
Press the **Continue** button to complete the application.

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.

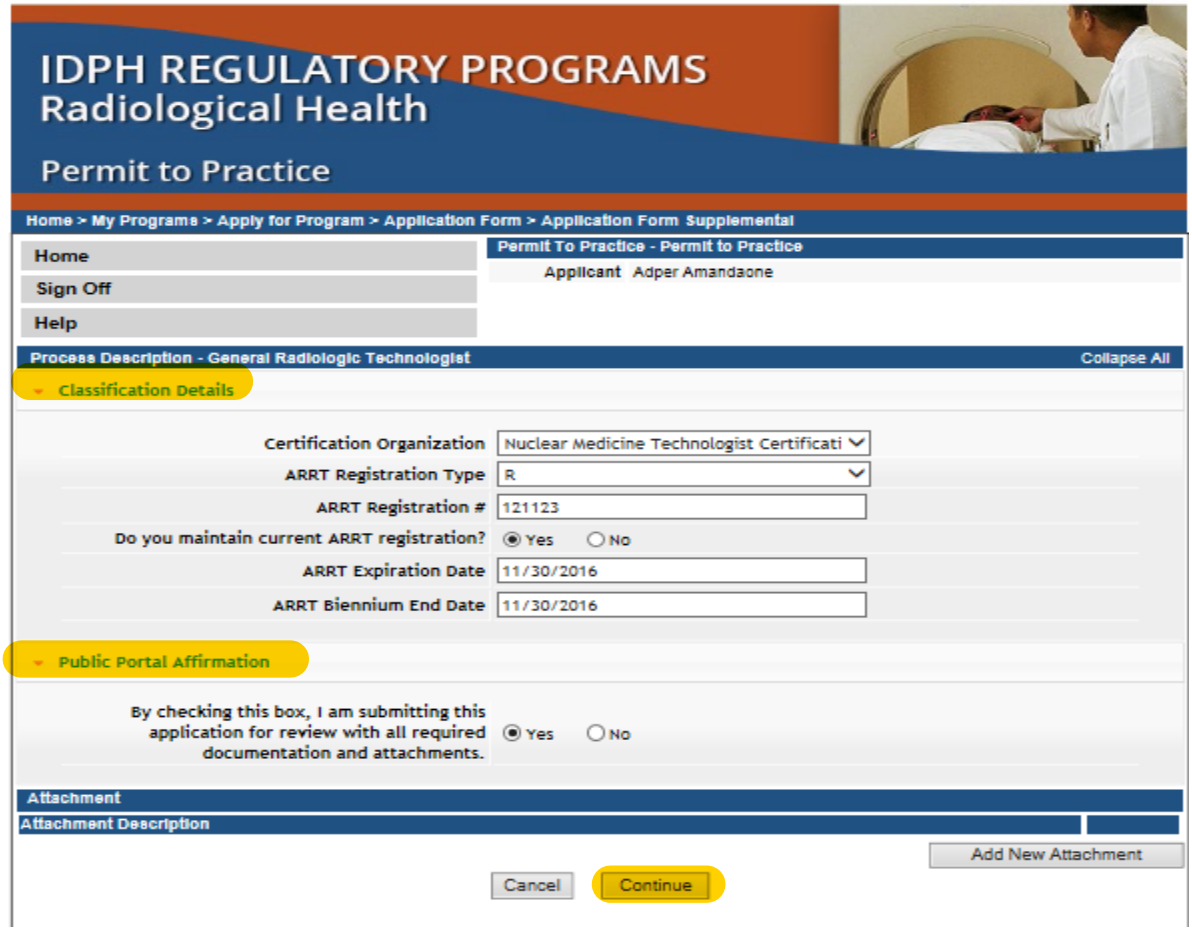
Click on the orange arrow to expand the group tabs for entering all the information in the fields.

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.**

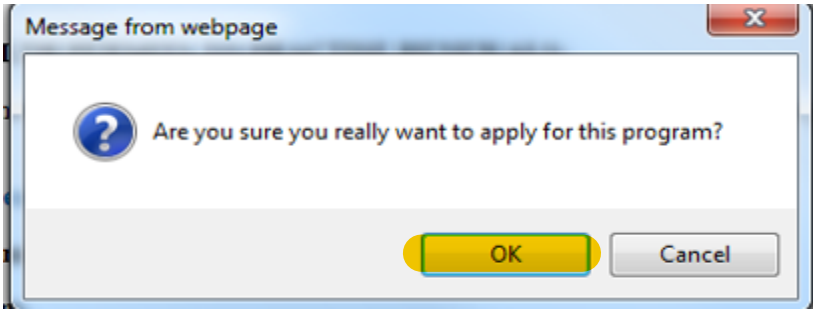
Public Portal Affirmation: Say **Yes** if you agree by entering all the information.

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

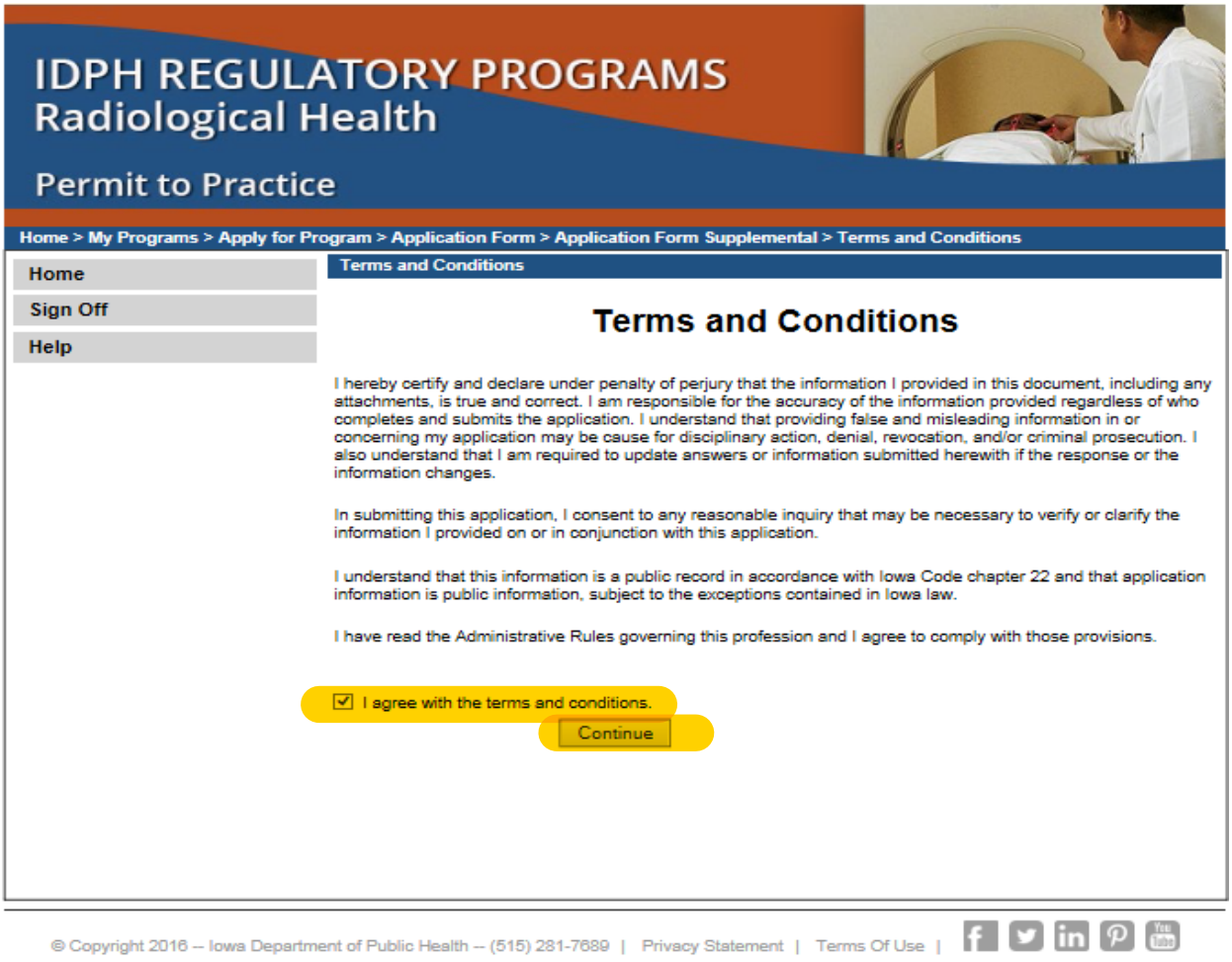
Note: Pressing the **Cancel** button will stop the Application Process.



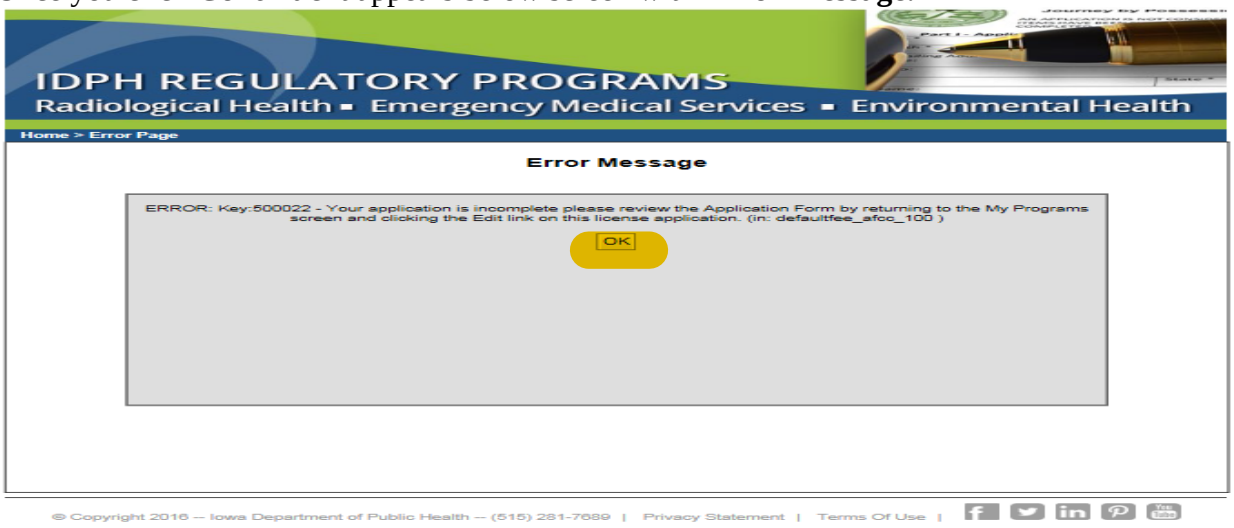
It will pop-up message box that "Are you sure you really want to apply for this program?", Click 'OK'.



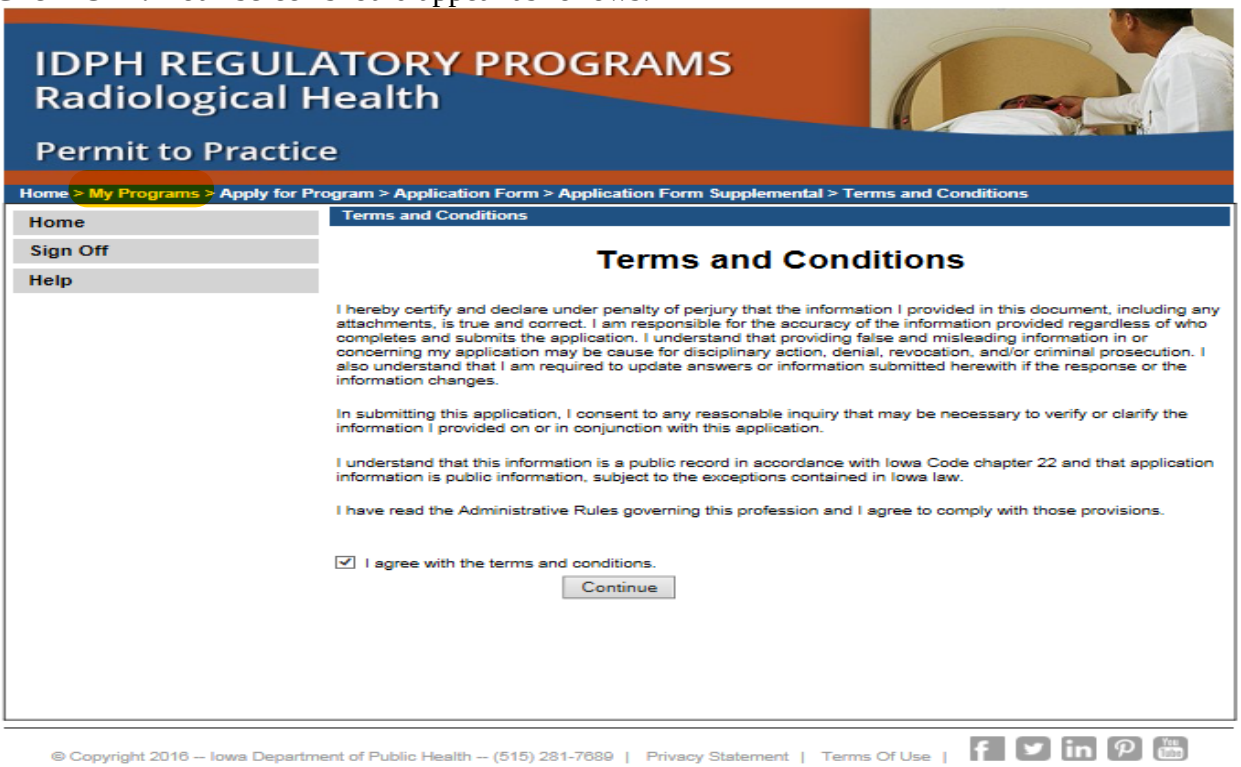
Please accept **Terms and Conditions** by reading the full description. If you agree with the Terms and Conditions, **select the check box** and **click on Continue.**



Once you click **Continue** it appears below screen with **Error Message.**

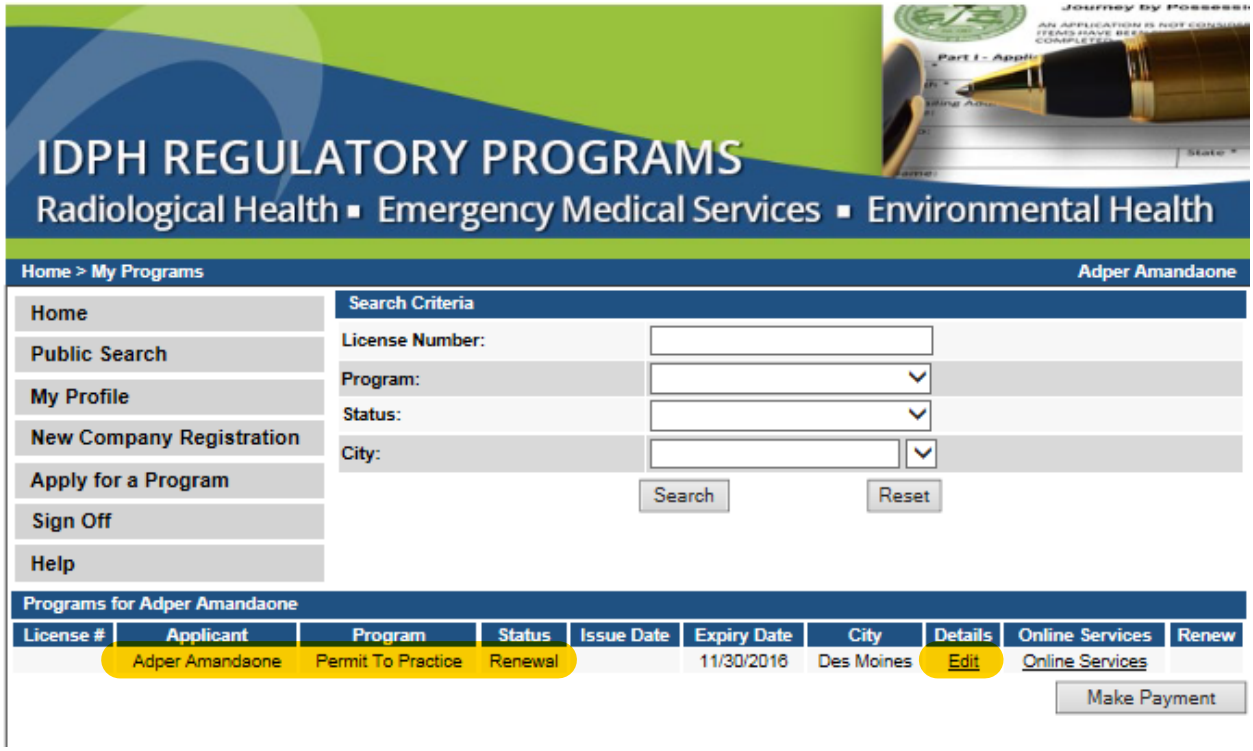


Click ‘**OK’.** Your screen should appear as follows:



Click on **My Programs.** Your screen should appear as follows:

Click on **Edit** link on **Details** column of Permit to Practice row.



Your screen should appear as follows:
New Affirmation questions were added. Please enter all the Information. 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.
- **Classifications**: Click **Add** button to add each permit type you wish to apply or renew. Hit **Save** once you add all Classifications.
- **Continuing Education Details**: Click **Add** button to add Education Details. Hit **Save** once you add details.

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

Example to fill the information:

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 Adger Amendsone

Application form — Collapse 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.	testingggg
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, 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.	
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.	

Application form Details — Expand All

Classifications

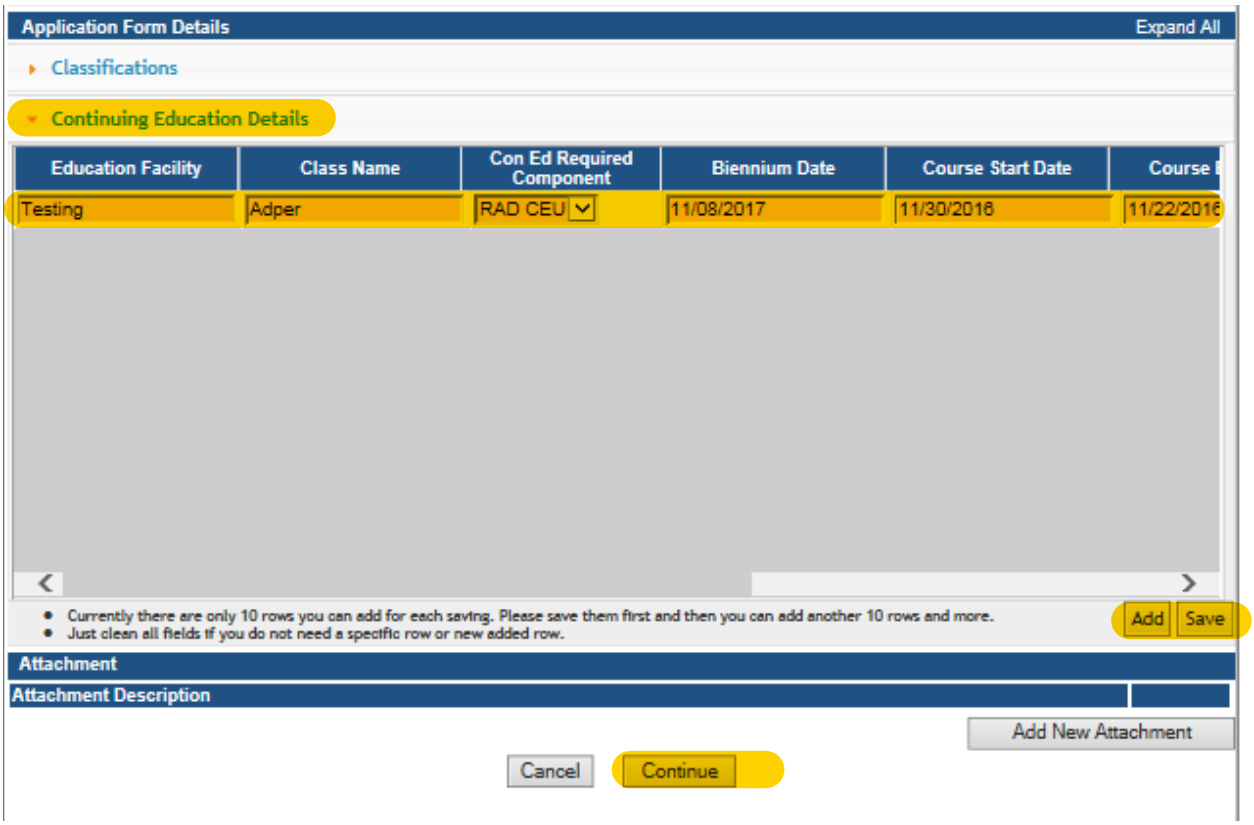
Continuing Education Details

Attachment

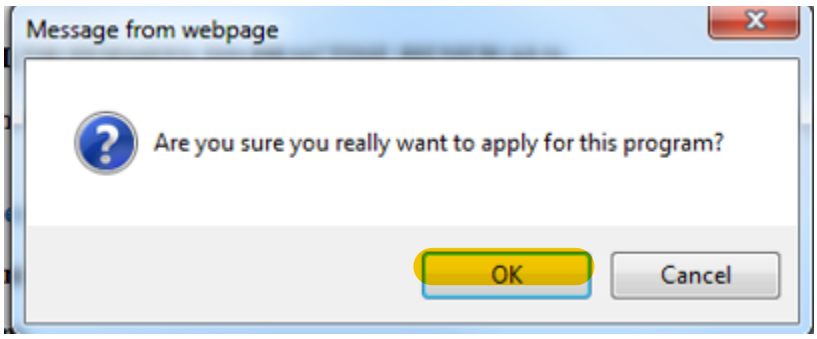
Attachment Description

Add New Attachment

Cancel Continue



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

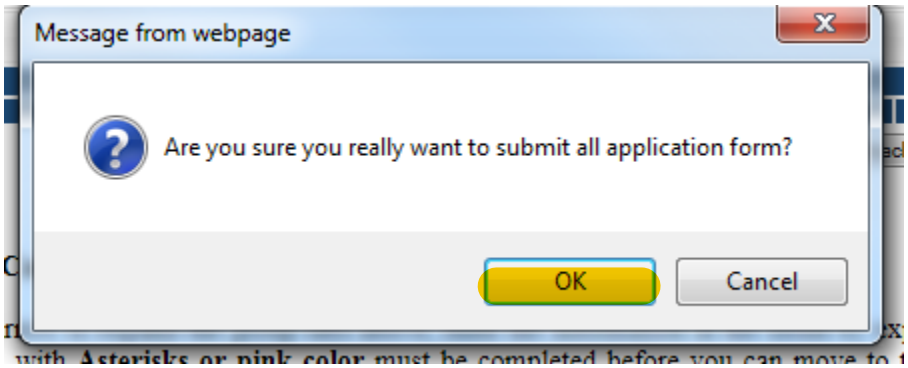


On this page you can review application, upload attachments, review the Employer Information, out of State and make payment.

Attachments: Click on **Add New Attachment** it expands the attachment description you can select the type of file, enter the description and attach file through browse button. Click on **Upload attachments.**

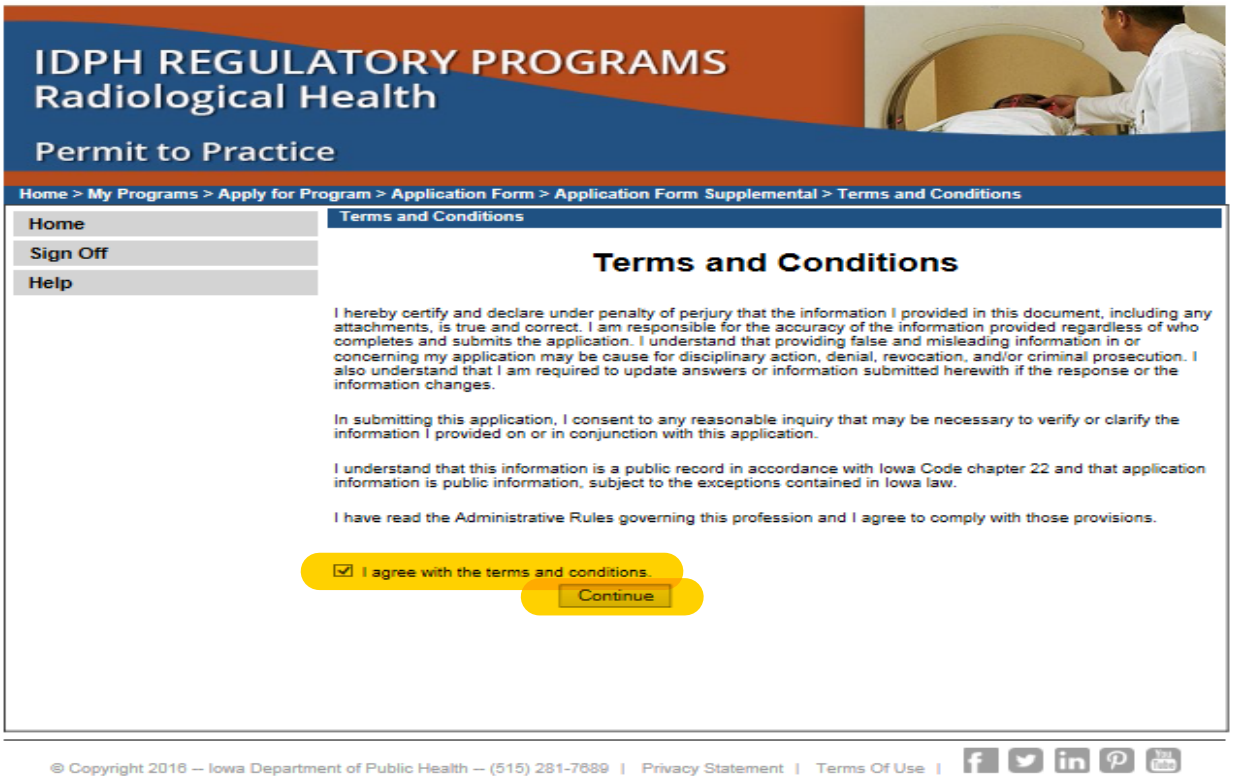
Make Payment: If you want pay the due click on **Make Payment** button.

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



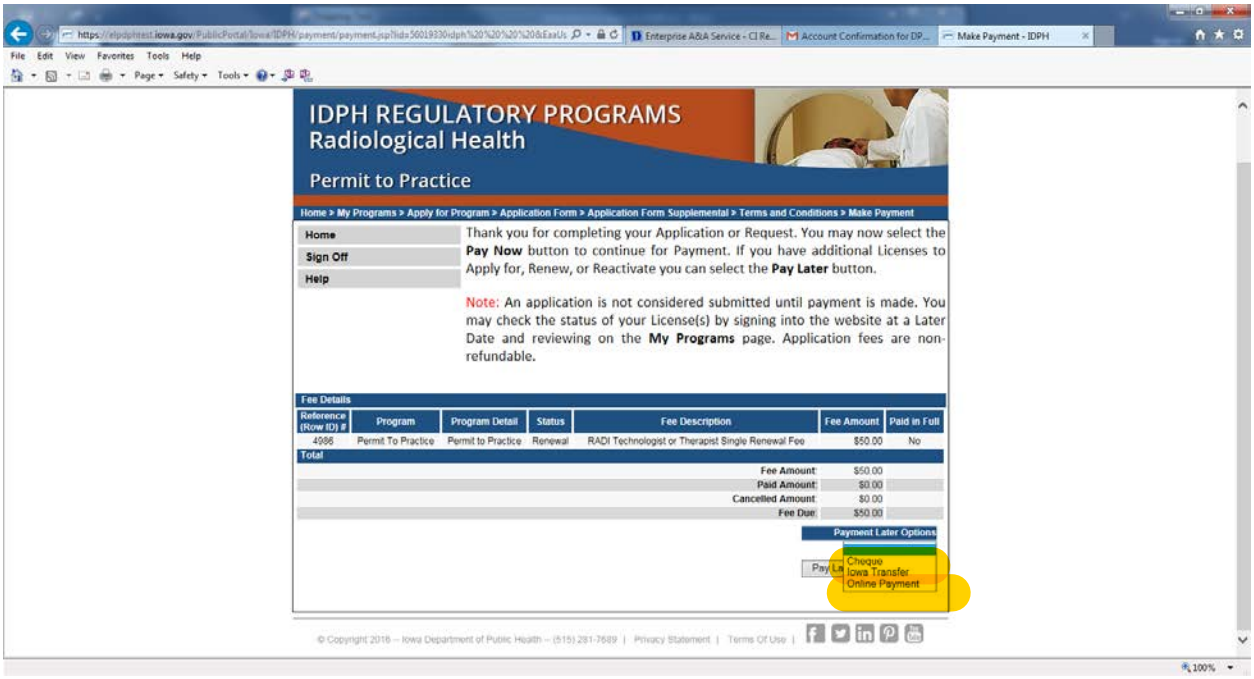
On this page you can review application,

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.**



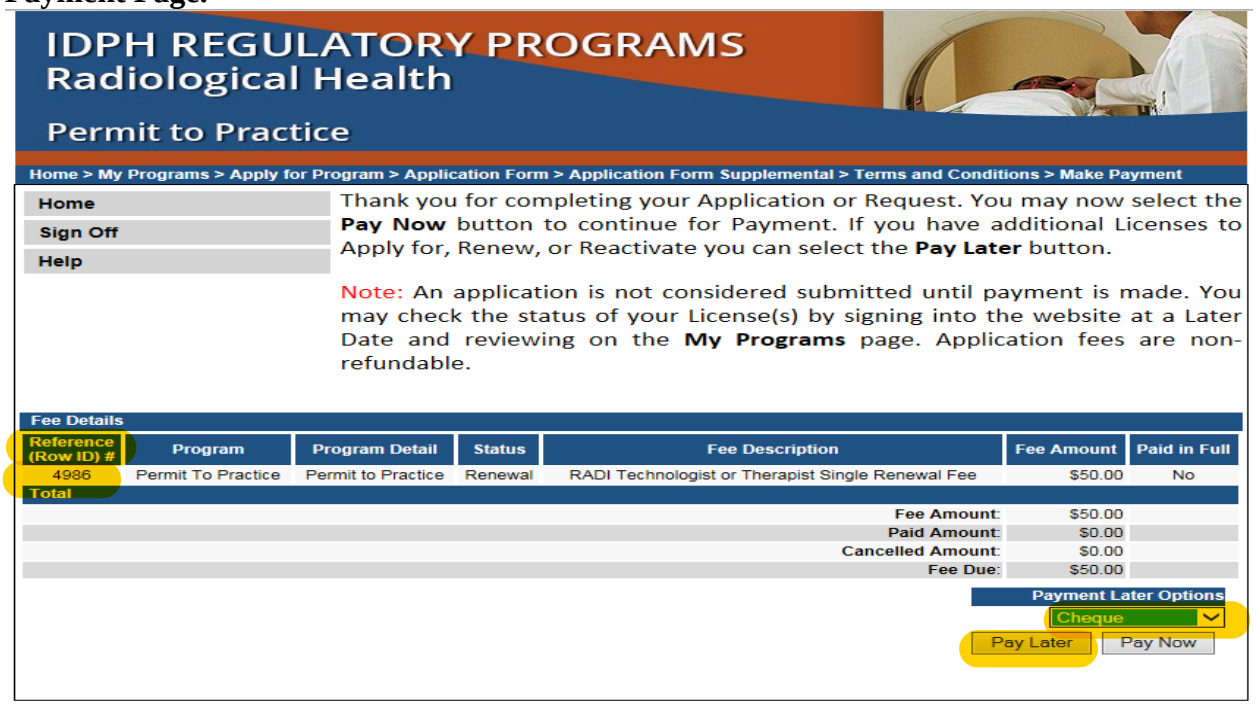
A payment page will open; you can choose the button **Pay Later** or **Pay Now**

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

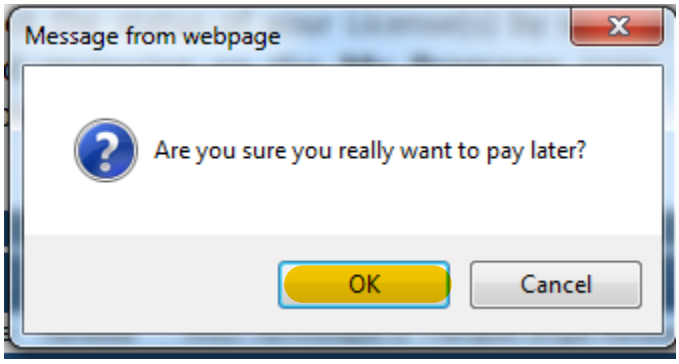


IF YOU SAY PAY LATER:

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.**

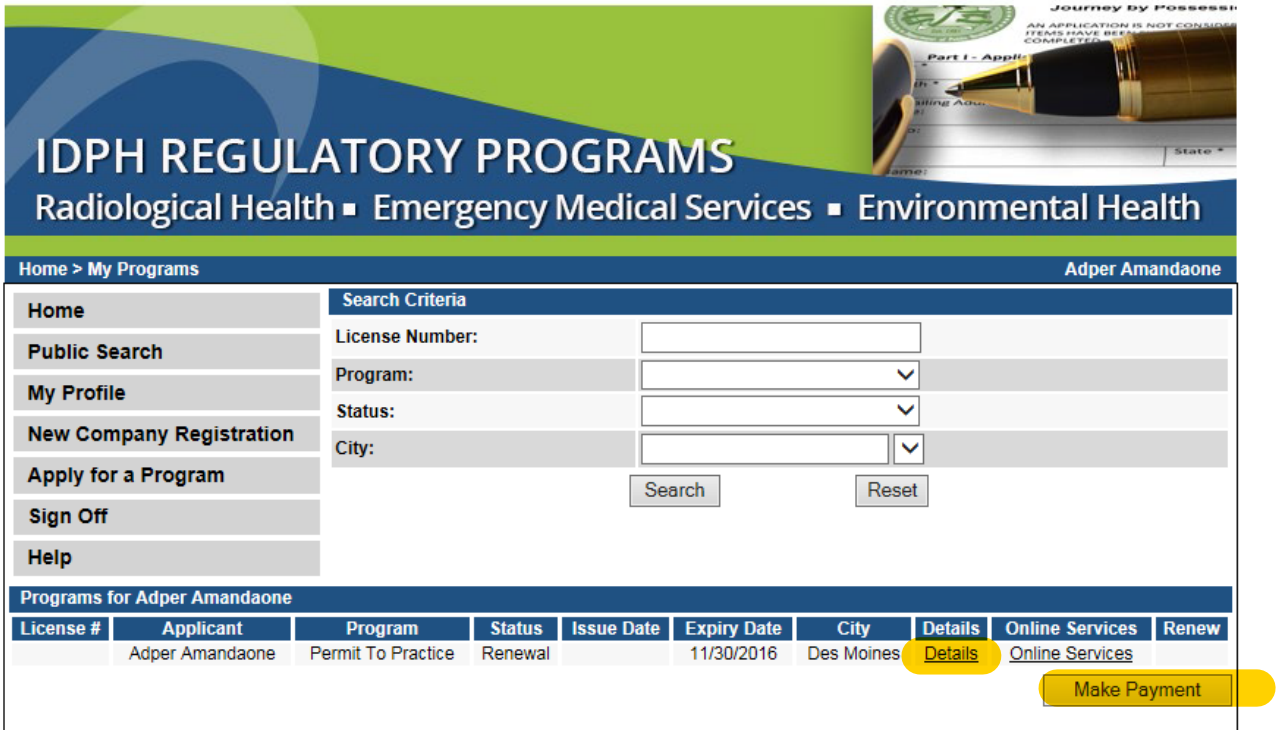


It will pop-up message box that "Are you sure you really want to pay later?", Click 'OK'.



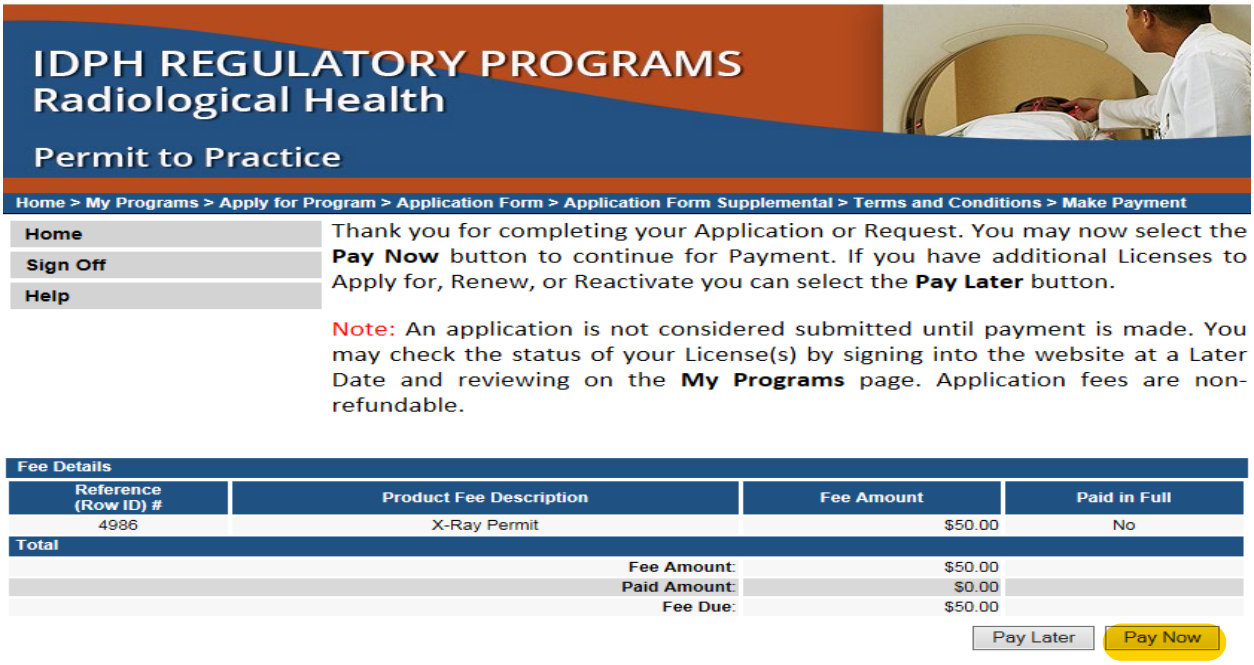
You can Pay through only by Clicking on Make Payment button.

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

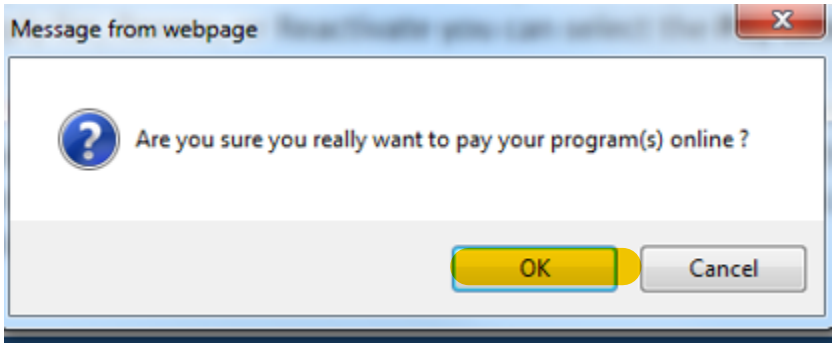


PAY ONLINE-IF YOU CLICK ON PAY NOW:
Select **Online Payment** from dropdown. Click **Pay Now.**

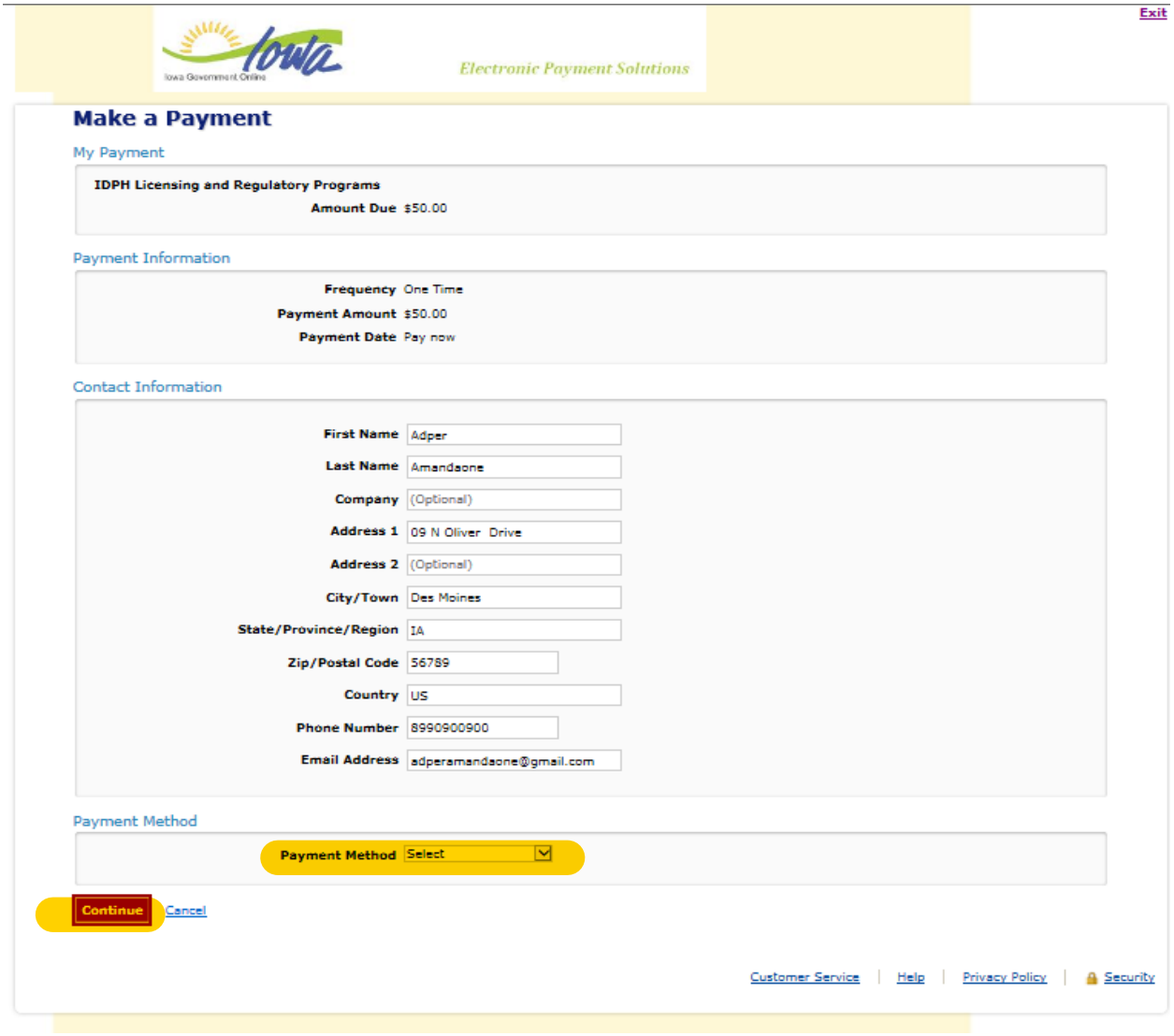
Page will Refresh. Below screen displays, click **Pay Now.**

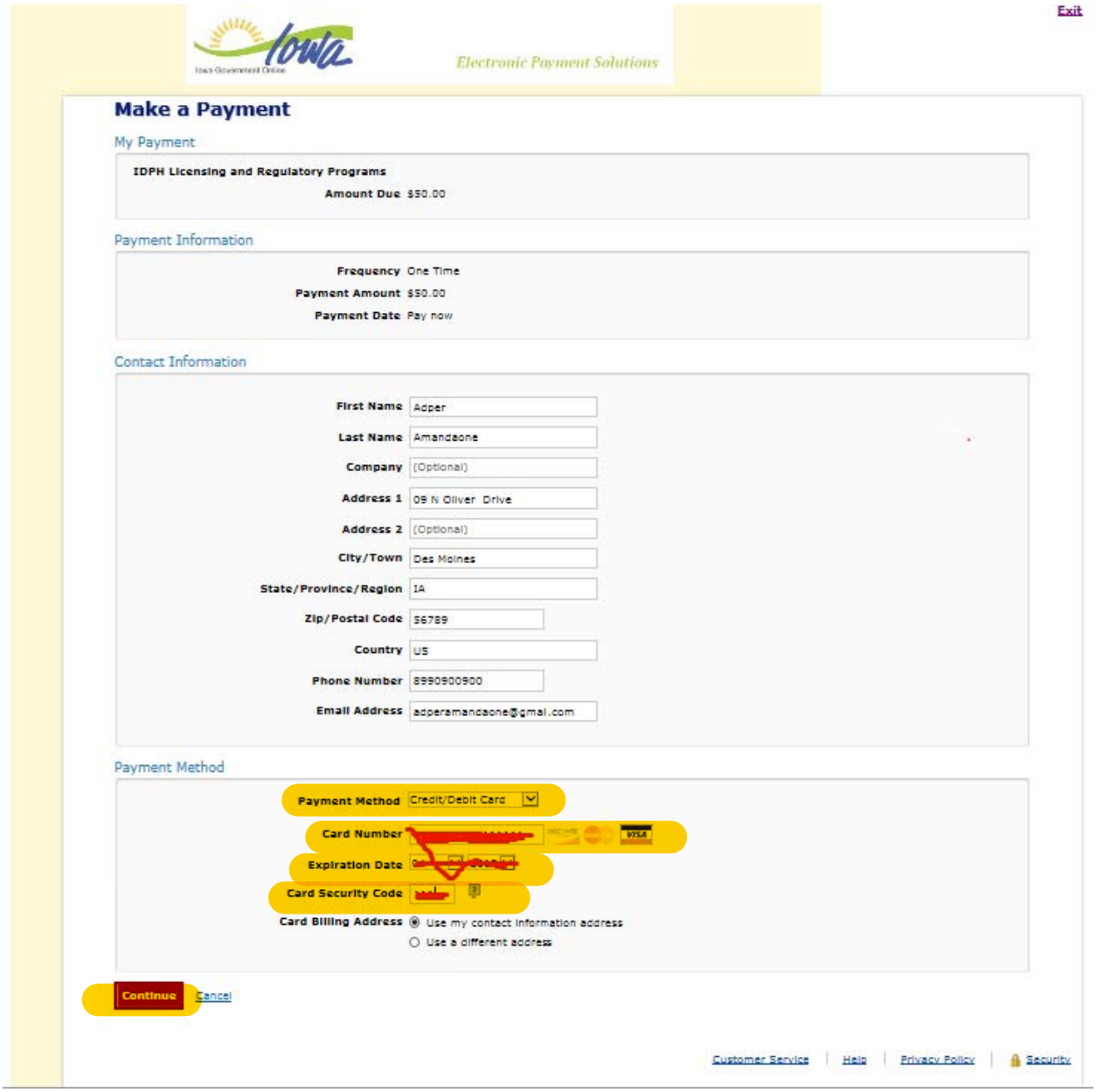


It will pop-up message box that “Are you sure you really want to pay your program(s) online?”, Click ‘OK’.

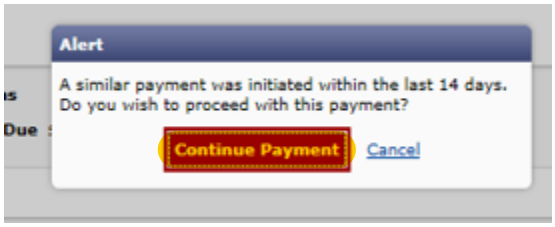


You should see the following screen. Select **Payment Method**, and fill in your payment details. Click **Continue.**





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

Iowa Government Online

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	$50.00
Payment Date	11/22/2016

Payment Method

Payer Name	Adper Amandsone
Card Number	*1111
Expiration Date	Apr-2019
Card Type	Visa
Confirmation Email	adperamandsone@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	Amandsone
Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States
Phone Number	8990900900
Email Address	adperamandsone@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.**

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 **IOWDPH004000710**

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	$50.00
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

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

Please click **PRINT** here for your receipt copy if necessary.

Receipt (Copy)

Receipt Information

Receipt No.:	1486	Payment Date:	11/22/2016	Invoice No.:	4229

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:	50.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004000710 Name=Adper Amandaone

Receipt Details

Fee Description	Internal Ref. No.	Amount
RADI Technologist or Therapist Single Renewal Fee	4986	$50.00
	Total:	**$50.00**

Back