

INSTRUCTIONS TO RENEW RADIATION MACHINES

Use the following link to access the online licensing system:

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

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account & set up your Profile Page.

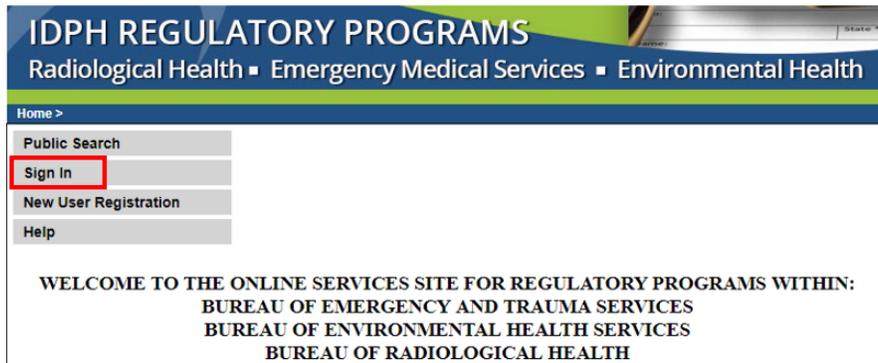
If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs - Permit to Practice Page and follow the "How to create an account" instructions.

NOTE: You must use either **Google Chrome** or **Safari** when applying online.

If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

STEP 1: SIGN IN

Click **Sign In** on the portal home page.



Enter your Account ID and password, then click **Sign In**.



STEP 2: SELECT THE FACILITY

On your profile page the facility will be listed on the left side under **Registered User's Memberships**. Click on the Facility's name so it appears highlighted, then click **Continue**. If you do not see your Facility listed, please call 855-824-4357.

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

Home > My Profile

Home | Sign Off | Help

Basic Profile Details PIN: 349353

Name: Archana Marepally
Date of Birth: 12/09/1990
Email Address*:
Preferred Address:

Registered User's Memberships

IDPH Facility

Select a Membership for your Actions

Physical Address Details

Address is: [Dropdown] ATTN: [Text]
Street Number*: 10308 City*: Des Moines [Dropdown]
Street Prefix: [Dropdown] County: Polk [Dropdown]
Street Name*: Dorset State*: Iowa [Dropdown]
Street Type*: Drive [Dropdown] Country: US [Dropdown]
Street Direction: [Dropdown] Zip Code*: 50131
Unit Type: [Dropdown] Phone 1*: 7800099090 [Text] [Dropdown]
Unit Number: [Text] Phone 2: [Text] [Dropdown]

Continue | Reset | Addresses

WELCOME TO YOUR PROFILE PAGE!

STEP 3: RENEW

Next, you will be directed to the **Programs** page for your facility. Click **Renew** next to your active license as shown below.

Home > My Programs Archana Marepally - Launch IT

Home | Public Search | My Profile | Company Profile | Member Management | Apply for a Program | Sign Off | Help

Programs for Launch IT

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
DENT10044		Radiological Facility	Active	07/24/2017	08/01/2017	Des Moines	Details	Online Services	Renew

Make Payment

A pop-up will appear. Click OK to **Continue**.

elpdphtest.iowa.gov says:

Are you sure you really want to renew this program?

OK | Cancel

STEP 4: APPLICATION FORM

The renewal application will appear on the next screen. Click **Expand All** on the right side of the **Application Form** section, and answer “Yes” or “No” to the questions provided.

IDPH REGULATORY PROGRAMS
Radiological Health
Facilities by Machine

Home > My Programs > Program Details

Radiological Facility - Dental						
License #	Application Date	Issue Date	Expiry Date	Status	Description	
DENT10044	07/24/2017			Renewal	Renewal Folder	

Home Sign Off Help

People Details

Role	Name
Facility	Launch IT

Application Form Expand All

- ▶ Affirmation
- ▶ Facility Details
- ▶ IDPH Reference

Application Form Details Expand All

- ▶ Equipment List
- ▶ Mobile Sites

STEP 5: APPLICATION FORM DETAILS

Click **Expand All** on the right side of the **Application Form Details** section.

If you are adding a new Equipment or Mobile Sites, click **Add** and enter the details for your machines, then click **Save**. If you do not need to add any new equipment, click **Continue**.

Application Form Details Expand All

▼ Equipment List

Equipment Type	Current Status	Actions
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• 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

▼ Mobile Sites

Attachment

Attachment Description

Cancel Continue Add New Attachment

STEP 8: TERMS AND CONDITIONS

Check the box as show to agree to Terms and Conditions and click Continue.

IDPH REGULATORY PROGRAMS

Radiological Health

Facilities by Machine

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

Home | Sign Off | Help

Terms and Conditions

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, 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 this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand 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 license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

I agree with the terms and conditions.

Continue

STEP 9: MAKE A PAYMENT

To make a payment, click **Pay Now**, and then click **Pay Now** again on the next screen. You will be prompted to enter your payment information.

If you would like to return to your application later to pay, click **Pay Later**.

****Fees shown in examples do not represent current fees****

License Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
541537	Radiological Facility	Dental	Renewal	Radiological Equipment Fee	\$39.00	No
541537	Radiological Facility	Dental	Renewal	Radiological Equipment Fee	\$39.00	No
Total				Fee Amount: \$78.00	Paid Amount: \$0.00	Fee Due: \$78.00

Pay Later | Pay Now

Payment Later Options

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