

INSTRUCTIONS TO APPLY FOR INDUSTRIAL RADIOGRAPHY

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

Home	Basic Profile Details		PIN: 1892
Sign Off	Name:	Adper Amandaone	
Help	Date of Birth:	11/24/1991	
	Email Address*:	adperamandaone@gm	
	Preferred Address:	[Dropdown]	

Registered User's Memberships	Physical Address Details				
Select a Membership for your Actions	ATTN:	[Input]	City*:	Des Moines	[Dropdown]
	Street Number**:	09	County:	Page	[Dropdown]
	Street Prefix:	North	State*:	Iowa	[Dropdown]
	Street Name**:	Oliver	Country:	US	[Dropdown]
	Street Type**:	Drive	Zip Code*:	56789	
	Street Direction:	[Dropdown]	Phone 1*:	8990900900	Work [Dropdown]
	Unit Type:	[Dropdown]	Phone 2:	[Input]	Home [Dropdown]
	Unit Number:	[Input]	Phone 3:	[Input]	[Dropdown]
	Continue		Reset	Addresses	

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

Home	Search Criteria	
Public Search	License Number:	[Input]
My Profile	Program:	[Dropdown]
New Company Registration	Status:	[Dropdown]
Apply for a Program	City:	[Input]
Sign Off	Search Reset	
Help		

Programs for Adper Amandaone									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
									Make Payment

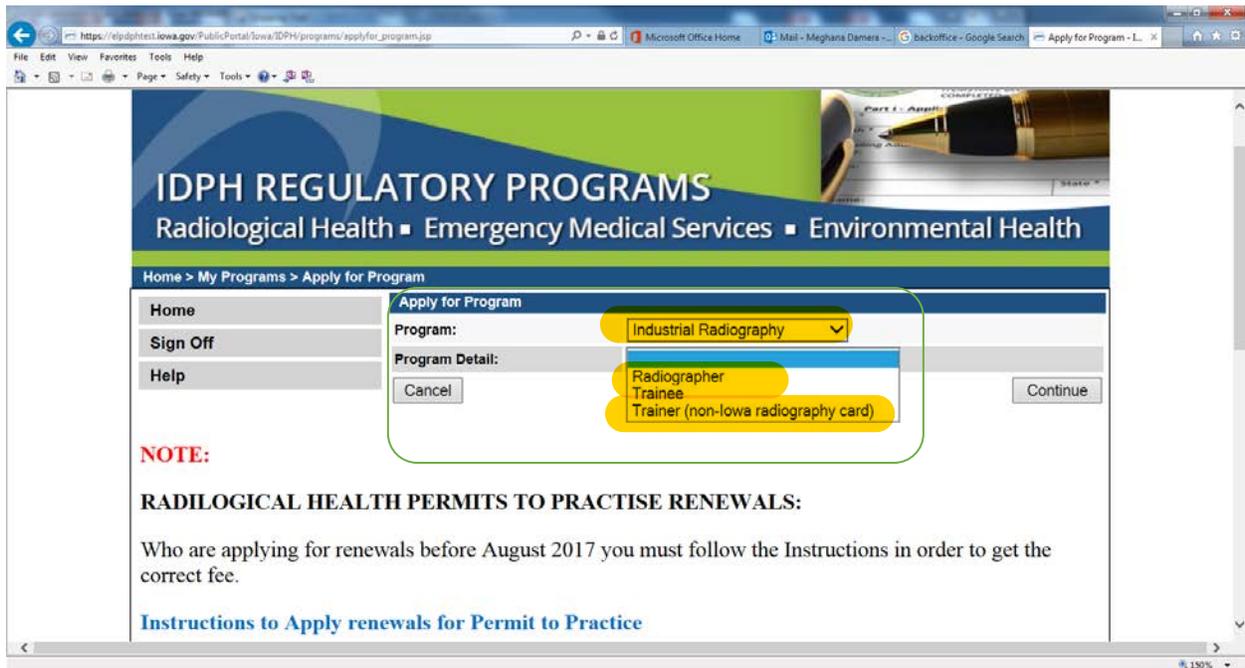
Click on **Apply for a Program** on the left-hand column. Your screen should appear as follows:

Please select the **Program** and the **Program Details** from the dropdown lists.

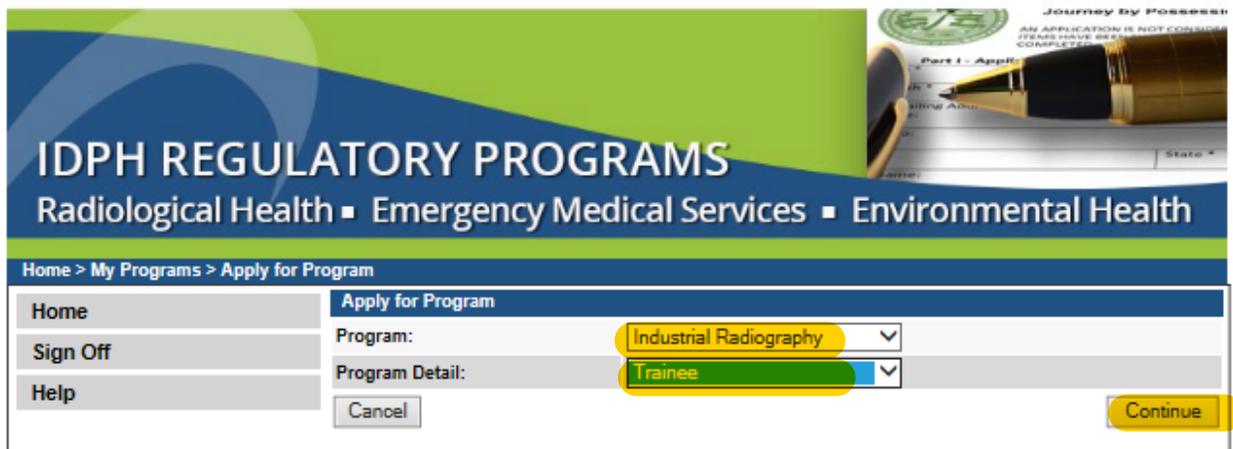
- Select the Program
- Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
- Click the **Continue** button.

For industrial radiography: select **Program as Industrial Radiography**

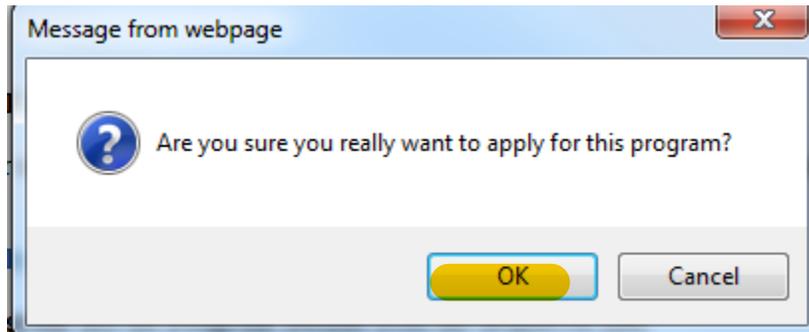
If you click on dropdown on **Program Details** you can see the related sub programs for **Industrial Radiography**, select the one which you are applying.



This is how you have to select Program and Program details for Industrial Radiography



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.



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

In similar way there will be an Info questions for other programs in Industrial Radiography. We need to fill all the info's to complete the application form.

IDPH REGULATORY PROGRAMS Radiological Health

Industrial Radiographic Operations



Home > My Programs > Apply for Program > Application Form

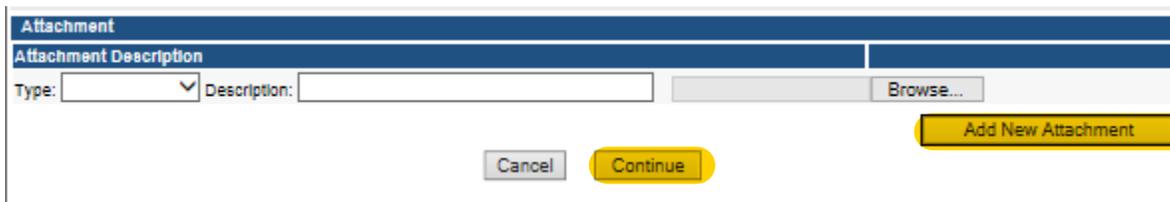
Home	Industrial Radiography - Trainee
Sign Off	Applicant Adper Amandaone
Help	
Application Form Collapse All	
▼ Agency Authorized Training	
Completed the requirements of 641-45.1(10)a.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date of Practical Examination	<input type="text" value="11/30/2016"/>
Certificate from 40 hour training	<input checked="" type="radio"/> Yes <input type="radio"/> No
▼ Additional Qualification Requirements	
I am working for a radiography company *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of RSO	<input type="text" value="Jack"/>
Radiography Company Name	<input type="text" value="Mercy"/>
Radiography Company License/Registration No	<input type="text" value="13123123123"/>
Radiography Company Mailing Address	<input type="text" value="7117 llll 50322"/>
Radiography Company Mailing Phone	<input type="text" value="132313123123"/>
▼ Additional Information	
Do you hold a current radiographer card? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
What address do you want the card mailed to? *	<input type="text" value="Company"/>
Other Address	<input type="text" value="13123213 dasfas"/>
Attachment	
Attachment Description	
<input type="button" value="Add New Attachment"/>	
<input type="button" value="Cancel"/>	<input type="button" value="Continue"/>

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

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

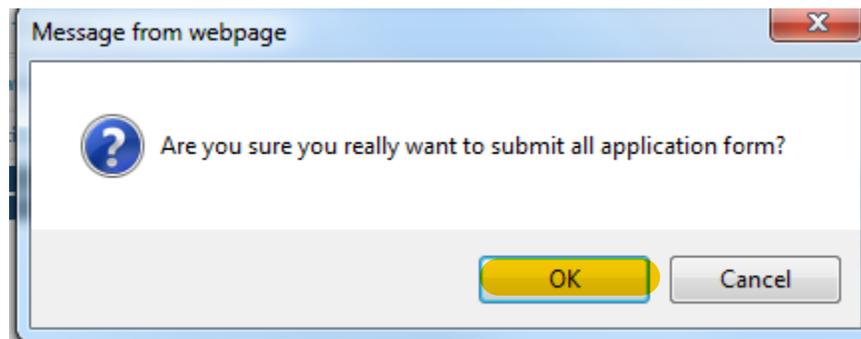
ATTACHMENTS:

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

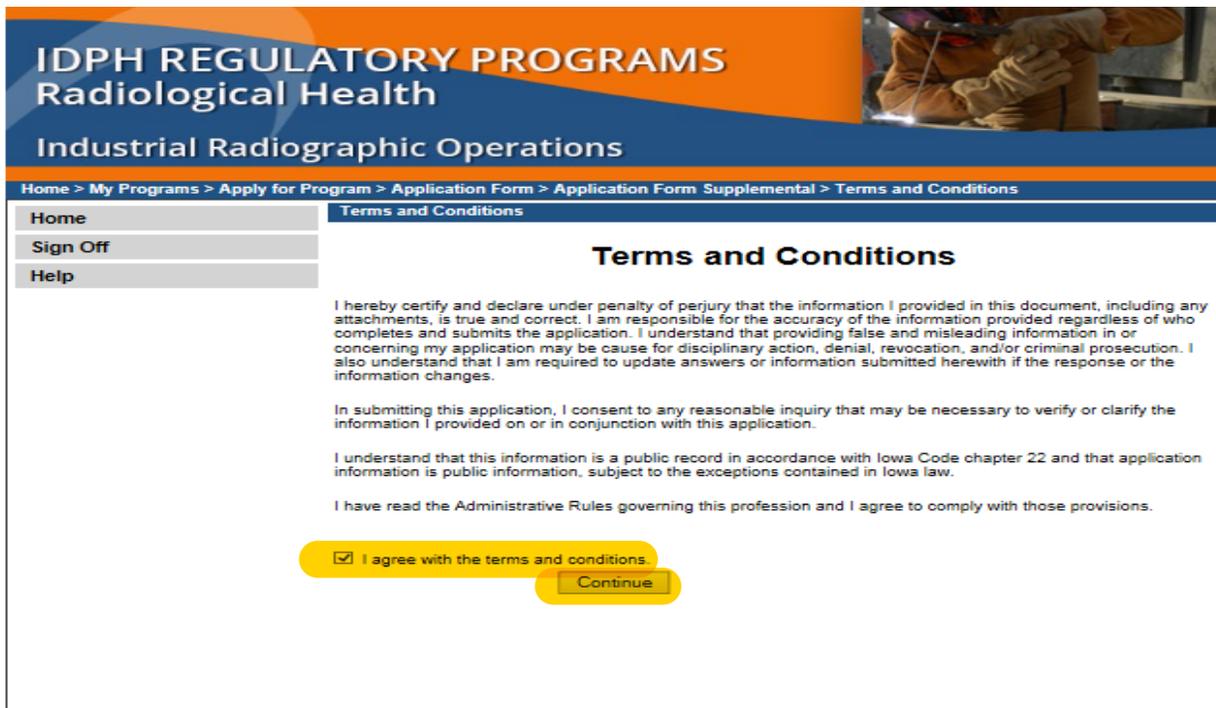


The screenshot shows a web form titled "Attachment" with a sub-header "Attachment Description". It contains a "Type:" dropdown menu, a "Description:" text input field, and a "Browse..." button. At the bottom right, there is a prominent yellow "Add New Attachment" button. At the bottom center, there are "Cancel" and "Continue" buttons.

It will pop-up message box that “Are you sure you really want to submit all the application form?”, 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 webpage for "IDPH REGULATORY PROGRAMS Radiological Health Industrial Radiographic Operations". The breadcrumb trail is "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions". The page title is "Terms and Conditions". The text reads: "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." "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." "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." "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
Industrial Radiographic Operations

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

Home
Sign Off
Help

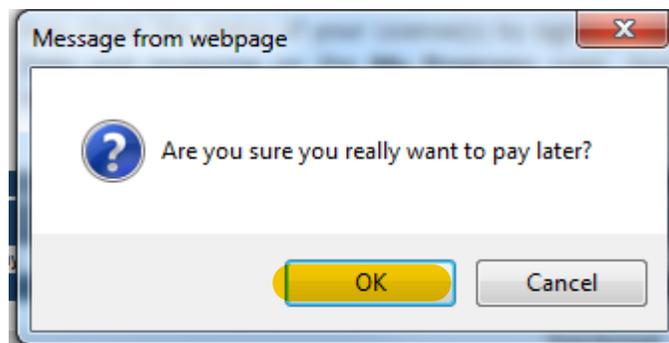
Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

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.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
5010	Industrial Radiography	Trainee	New	Industrial Radiographer Trainee Fee	\$75.00	No
Total						
					Fee Amount:	\$75.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$75.00

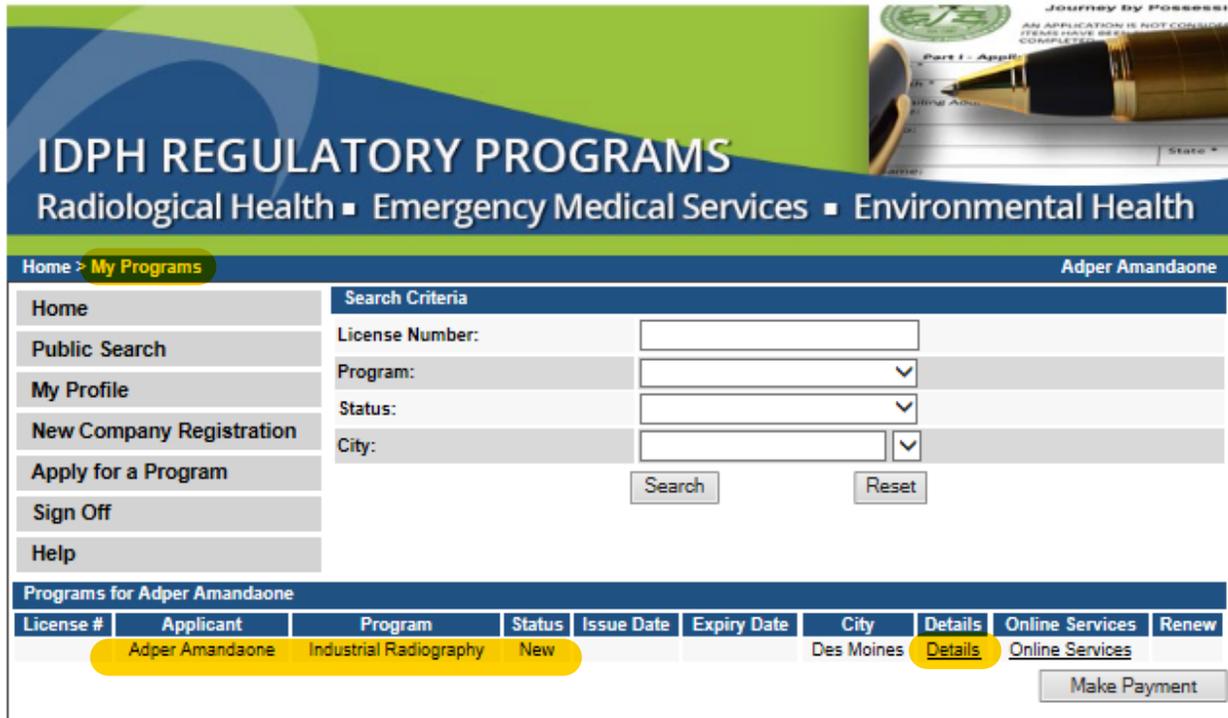
Payment Later Options
Cheque
Pay Later Pay Now

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.

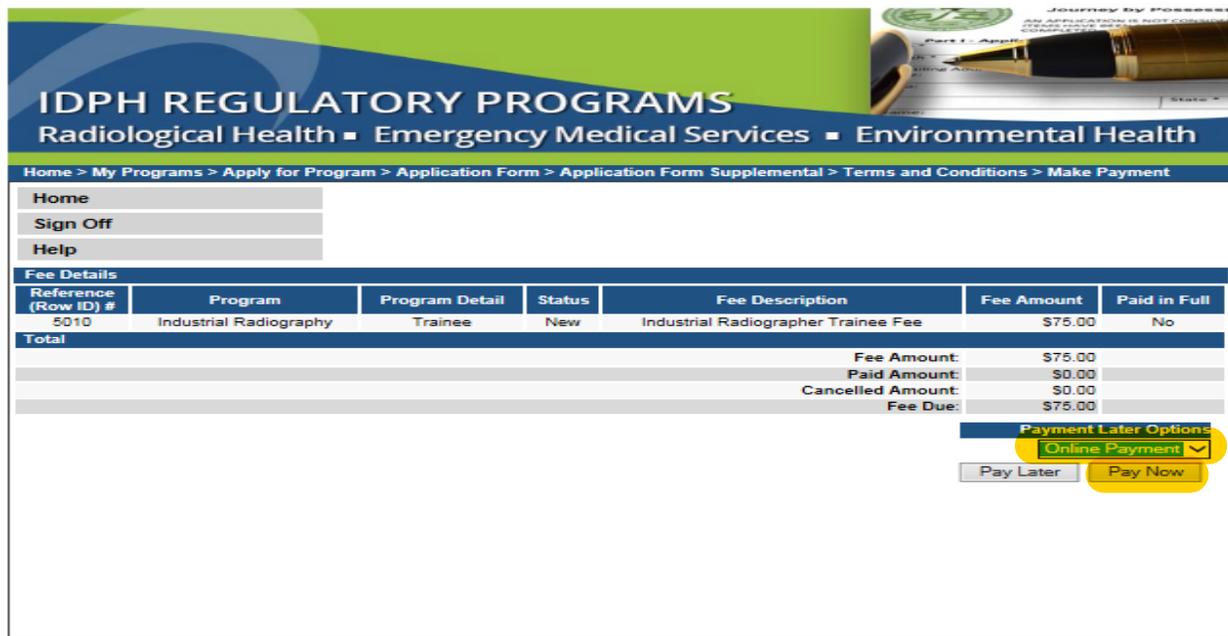
Note: Your application is not considered submitted until payment is made.



The screenshot shows the IDPH Regulatory Programs website. The header includes the text "IDPH REGULATORY PROGRAMS" and "Radiological Health ■ Emergency Medical Services ■ Environmental Health". The user is logged in as "Adper Amandaone". A search criteria form is visible with fields for License Number, Program, Status, and City, along with Search and Reset buttons. Below the search form is a table titled "Programs for Adper Amandaone" with columns for License #, Applicant, Program, Status, Issue Date, Expiry Date, City, Details, Online Services, and Renew. A row is highlighted for "Adper Amandaone" in "Industrial Radiography" with a "New" status. A "Make Payment" button is located at the bottom right of the table.

PAY ONLINE-IF YOU CLICK ON PAY NOW:

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



The screenshot shows the payment page for the IDPH Regulatory Programs. The breadcrumb trail is "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment". The page displays a "Fee Details" table with columns for Reference (Row ID) #, Program, Program Detail, Status, Fee Description, Fee Amount, and Paid in Full. A row is shown for "Industrial Radiography" with a "Trainee" status and a "New" status, with a fee amount of \$75.00. Below the table, there is a "Payment Later Options" dropdown menu with "Online Payment" selected. There are also "Pay Later" and "Pay Now" buttons.

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

IDPH REGULATORY PROGRAMS Radiological Health

Industrial Radiographic Operations

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

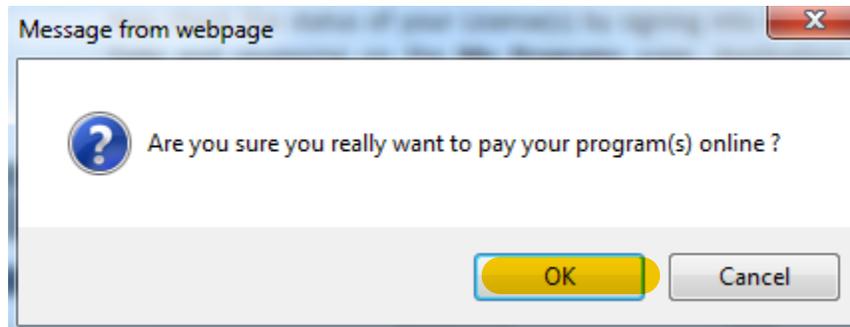
Home
Sign Off
Help

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.

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
5010	Industrial Radiology Tests	\$75.00	No
Total			
	Fee Amount:	\$75.00	
	Paid Amount:	\$0.00	
	Fee Due:	\$75.00	

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**.

 *Electronic Payment Solutions* [Exit](#)

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs
Amount Due \$75.00

Payment Information

Frequency One Time
Payment Amount \$75.00
Payment Date Pay now

Contact Information

First Name
Last Name
Company
Address 1
Address 2
City/Town
State/Province/Region
Zip/Postal Code
Country
Phone Number
Email Address

Payment Method

Payment Method 

[Continue](#) [Cancel](#)

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

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs

Amount Due \$75.00

Payment Information

Frequency One Time

Payment Amount \$75.00

Payment Date Pay now

Contact Information

First Name Adper

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 8990900900

Email Address adperaman@one@gmail.com

Payment Method

Payment Method Credit/Debit Card

Card Number

Expiration Date

Card Security Code

Card Billing Address Use my contact information address

Use a different address

[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.

[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	\$75.00
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	8990900900
Email Address	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 **IOWDPH004001752**

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	\$75.00
Payment Date	11/22/2016
Status	PROCESSED

Payment Method

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

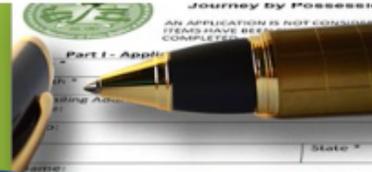
Billing Address

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



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.:	1498	Payment Date:	11/22/2016	Invoice No.:	4258
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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:	75.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004001752 Name=Adper Amandaone

Receipt Details

Fee Description	Internal Ref. No.	Amount
Industrial Radiographer Trainee Fee	5010	\$75.00
	Total:	\$75.00

[Home](#)[My Profile](#)[My Programs](#)