

# INSTRUCTIONS TO RENEW A REGISTRATION AS A BACKFLOW PREVENTION ASSEMBLY TESTER

Use the following link to access the online licensing system:

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

If you need assistance navigating the licensing site after reviewing these instructions, contact the AMANDA Help Desk: 1-855-824-4357.

For specific questions regarding the backflow prevention assembly tester registration program, please contact: Chelsea Stevens: (515) 281-5894 or [Chelsea.Stevens@idph.iowa.gov](mailto:Chelsea.Stevens@idph.iowa.gov)

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

**NOTE:** This site works best in Google Chrome.



Your training provider must link your account to the class session in AMANDA before your renewal can be completed. **If you have not completed a class stop here.**

If you have completed class, you may want to verify with your training provider that they have linked your account to the class session before proceeding. You can continue and complete the application, but your registration will not be issued until your training provider has made the link.

**If needed, give your training provider the PIN shown on your profile page.**

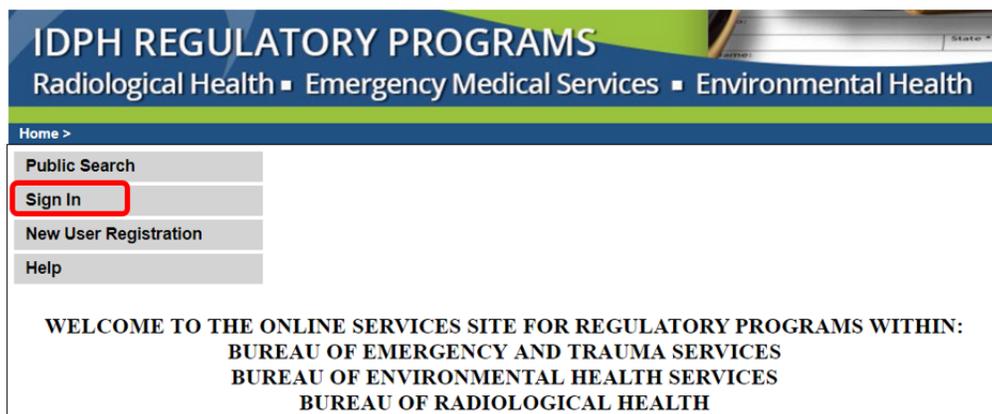
Click **Sign Off** to log out of your account if you wish to stop here, otherwise continue following the steps below.

## STEP 1: SIGN IN

**Sign In** with your existing account (@IOWAID) and password.

REMINDER: These instructions are for renewing individual licenses.

DO NOT set up a New Company Registration to renew your license.



## STEP 2: REVIEW THE PROFILE & CONTINUE

Update your contact information as needed, then click **Continue**.

Home > My Profile

Basic Profile Details PIN: 349246

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Address: \_\_\_\_\_

Physical Address Details

Address is: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Street Number: \_\_\_\_\_ City: \_\_\_\_\_  
Street Prefix: \_\_\_\_\_ County: \_\_\_\_\_  
Street Name: \_\_\_\_\_ State: \_\_\_\_\_  
Street Type: \_\_\_\_\_ Country: \_\_\_\_\_  
Street Direction: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Unit Type: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Work \_\_\_\_\_  
Unit Number: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Select a Membership for your Actions

Continue Reset Addresses

## STEP 3: RENEW

Your existing licenses, they will appear under “*Programs for [Your Name.]*”  
Click **Renew** on the line next to your active license

Home > My Programs

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

Programs for Your Name

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
RAD101160		Permit To Practice	Active	12/06/2016	12/31/2017	Norwalk	Details	Online Services	
BPAT3769		Backflow Tester	Active	07/26/2017	08/31/2017	Norwalk	Details	Online Services	Renew

dphregprograms.iowa.gov says:

Are you sure you really want to renew this program?

OK Cancel

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

## STEP 4: EXPAND THE APPLICATION FORM

All 3 sections of the Application Form must be completed. Click **Expand All**.

Backflow Prevention

Home > My Programs > Apply for Program > Application Form

Home Sign Off Help

Backflow Tester - Backflow Tester Applicant

Application Form

- Affirmation
- Third Party Certification
- Back Flow Tester Out of State Credentials

Attachment

Attachment Description

Add New Attachment

## STEP 5: AFFIRMATION

All 6 questions must be answered.

If you answer **Yes** to any of these questions, provide a brief description in the text box provided (See Step 6 for attachment instructions.)

*The department may require the applicant to submit supplementary statements or documents containing additional information to enable the department to determine whether an application should be approved or denied, or whether a previously issued certification should be amended, suspended, or revoked.*

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. *	<input type="radio"/> Yes <input checked="" type="radio"/> 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.	<input type="text"/>
Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.	<input type="text"/>
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.) *	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.	<input type="text"/>
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? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, include the date, location, reason, and resolution.	<input type="text"/>
Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, include the date, location, reason, and resolution.	<input type="text"/>
Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, provide a description of the circumstances.	<input type="text"/>

## STEP 6: THIRD PARTY & OUT OF STATE CREDENTIALS

You must answer ALL 3 questions circled in RED below.

- If you took an **lowa approved Training** course, answer **No** to all three.
- If you **did not** take an approved training course, you must provide information on either Third Party Certification or Out of State Credentials. (See Step 7 to add attachments.)

## STEP 7: ADD ATTACHMENTS & CONTINUE

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

**SKIP THIS STEP IF YOU DO NOT HAVE ANY ATTACHMENTS TO ADD.**

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click **Choose File**
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.

The name of the document should appear next to the **Choose File** button.

Continue the attachment process for each document needing to be attached.

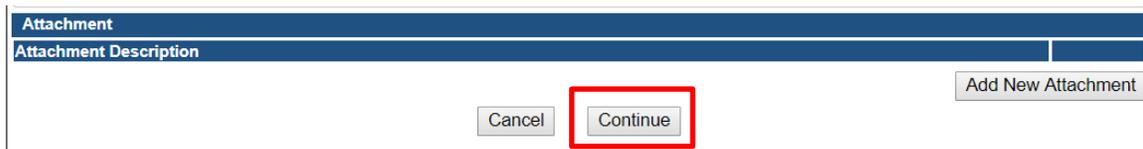
**NOTE:** If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

**DO NOT CLICK CANCEL** – this will void your entire application.

You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

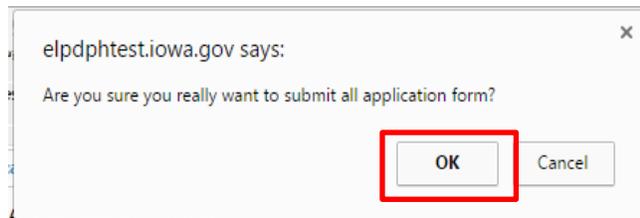
**WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.**



The screenshot shows a table with two columns: "Attachment" and "Attachment Description". Below the table are three buttons: "Cancel", "Continue" (highlighted with a red box), and "Add New Attachment".

When you click **Continue**, a pop-up message will appear.

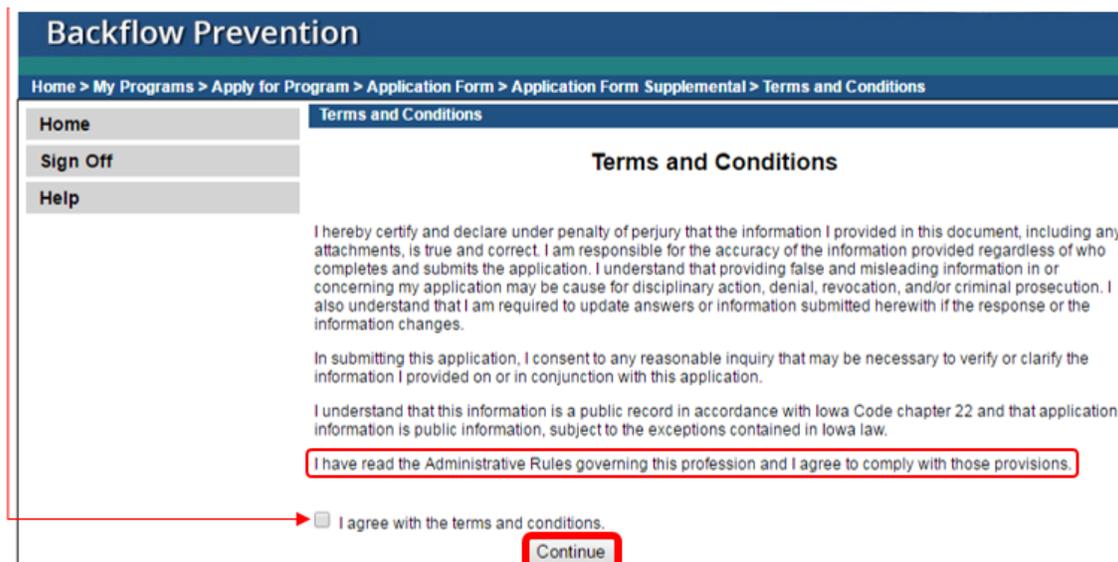
Click **OK** to proceed to the next page.



The pop-up message says: "elpdphtest.iowa.gov says: Are you sure you really want to submit all application form?". It has two buttons: "OK" (highlighted with a red box) and "Cancel".

## STEP 8: TERMS & CONDITIONS

Read the terms and conditions, and if you agree, click the box next to "I agree with the terms and conditions" statement to check it. Then click **Continue**.



The screenshot shows the "Backflow Prevention" page. 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." Below this text is a red box containing the text: "I have read the Administrative Rules governing this profession and I agree to comply with those provisions." At the bottom, there is a checkbox labeled "I agree with the terms and conditions." and a "Continue" button (highlighted with a red box).

## STEP 9: MAKE A PAYMENT

Once your application is complete, you will automatically be taken to a payment screen.

Your application is not considered submitted until a payment is made.

**PAY LATER:**

Use this option if you wish to return later to pay online.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
538768	Backflow Tester	Backflow Tester	New	Backflow Tester Initial Fee	\$24.00	No
<b>Total</b>						
					Fee Amount:	\$24.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$24.00

- If you click the **Pay Later** button, you will get a reminder pop-up that your application is not considered submitted until payment is made.
- You will be returned to your **My Programs** page where you will see your registration listed and its status.
- When you are ready to complete the application process, go to the appropriate section and double click on the **Details** link.

Programs for									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
BPAT###		Backflow Tester	New	09/31/2019	10/31/2019	Des Moines	<input type="button" value="Details"/>	<input type="button" value="Online Services"/>	

**NOTE:** If under the **Details** column it shows a link for **Edit** instead of **Details**, this means there is missing information within the application. Click the **Edit** link to review all sections of the form and complete any missing information before attempting to pay.

From here you can view the Details of your application, **Add New Attachment**, or **Upload Attachments**.

When you are ready, click **Make a Payment**.

Fees			
Fee List			Payment
Bill Number	Description	Fee Amount	
6049	Backflow Tester Initial Fee	\$24.00	No payment to be displayed.
<b>Total</b>		\$24.00	

**Total Due: \$24.00**

Attachments	
Attachment Description	
<input type="button" value="Add New Attachment"/> <input type="button" value="Upload Attachments"/>	

**PAY NOW:**

If you select **Pay Now** you will be directed to the online payment system. Select **Pay Now** when asked, and complete your online payment information.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
538768	Backflow Tester	Backflow Tester	New	Backflow Tester Initial Fee	\$24.00	No
<b>Total</b>						
					Fee Amount:	\$24.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$24.00

Select **Payment Method**, and fill in your payment details and click **Continue**, then click **Confirm**

on the review page. When you reach the **Confirmation** page, record your confirmation number and click **Continue** to view your Receipt.

My Payment

**IDPH Licensing and Regulatory Programs**  
Amount Due: \$50.00

Payment Information

Frequency: One Time  
Payment Amount: \$50.00  
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: adperamandaone@gmail.com

Payment Method

Payment Method: Select

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

The following page is your confirmation page.

**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](#)

**Notes about Application Processing:**

- If there is no required review by program staff and if needed, your training provider has linked your account to a class session you will be emailed your registration card with in typically 1-2 business days.
- If you did not provide an email address, it will be mailed to you.
- If further program staff review is needed you will be contacted if additional information is needed or your card will be issued when review is complete.
- You can verify your status by returning to the above page and clicking on Public Search and search on your name.