

INSTRUCTIONS TO APPLY FOR RADIOLOGICAL HEALTH LIMITED EXAM

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 WITH EXISTING ACCOUNT

When you have signed in to the Public Portal, you should see your **Profile** page. Click **Continue**.

The screenshot shows the 'Basic Profile Details' section with the following information:

Name:	A0001 A01000000
Date of Birth:	11/24/1991
Email Address:	adpamanandson@igmi
Preferred Address:	

The 'Physical Address Details' section includes:

Address:		City:	Des Moines
Street Number:	00	Country:	Page
Street Prefix:	North	State:	Iowa
Street Name:	Oliver	Country:	US
Street Type:	Drive	Zip Code:	50309
Street Direction:		Phone 1:	0000000000 Work
Unit Type:		Phone 2:	Home
Unit Number:		Phone 3:	

A red box highlights the 'Continue' button at the bottom center of the form.

STEP 2: APPLY FOR A PERMIT

You will be taken the **My Programs** page. Click **Apply for a Program**.

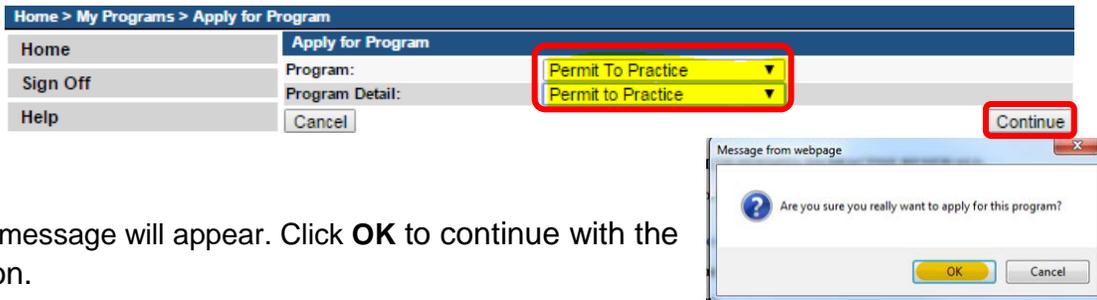
The screenshot shows the 'Home > My Programs' page for user Dorothy Knight. The navigation menu includes:

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program** (highlighted with a red box)
- Sign Off
- Help

Below the menu is a table header for 'Programs for Dorothy Knight':

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
-----------	-----------	---------	--------	------------	-------------	------	---------	-----------------	-------

When you arrive at the following page: Select **Permit to Practice** as the **Program** and then select **Permit to Practice** for the **Program Detail**. Then click **Continue**.



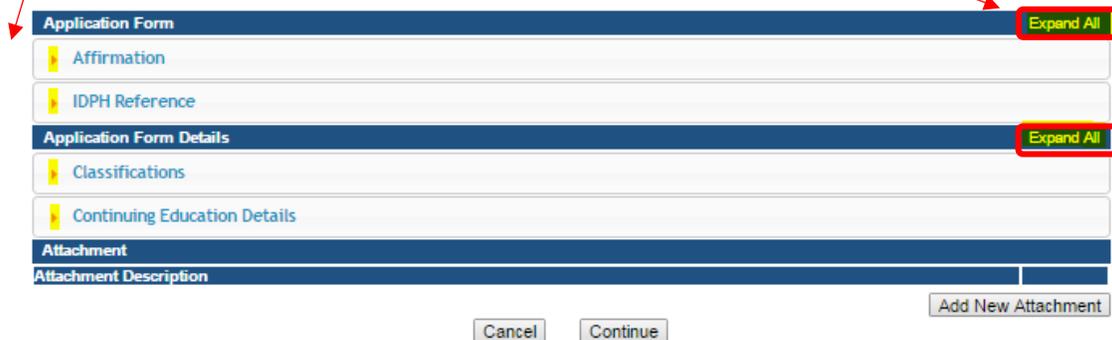
A pop-up message will appear. Click **OK** to continue with the application.

STEP 3: APPLICATION FORM

You will now be directed to the Permit to Practice Application page.

- On this Application Form, you will need to complete all required information for each of the fields.
- **Fields with Asterisks or highlighted in a 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.

Click the Orange arrows to expand an individual field, or click **Expand All** to view all information fields in a section.



STEP 4: AFFIRMATION

All questions in this section are required.

If you answer Yes to any of the Affirmation questions, provide a brief description of all relevant activities into the text box provided below. Additional details can be provided in an attachment if necessary. (See Step 8 for instruction on how to add attachments.)

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.

STEP 5: IDPH REFERENCE

IF YOU ARE APPLYING FOR THE FIRST TIME: Click **No**.

IF YOU HAVE PREVIOUSLY HELD A PERMIT: Click **Yes** and then provide your previous permit number in the text box to the right. (If you do not know your number, enter '0' instead.)

The screenshot shows a section titled "IDPH Reference". It contains a question: "Have you ever held an Iowa license under certification, registration, or permit for this program?" with radio buttons for "Yes" and "No". Below the question is a text input field with the label "If yes, please provide previous number.".

STEP 6: CLASSIFICATIONS

Click **Add** to add each exam type you wish to apply for. Under **Type of Permit** select the **Limited Exam Candidate** from the list. Under Type of Limited, make a selection.

Under **Action Requested** select "Add Classification."

Click **Save** once you have added all your Classifications.

The screenshot shows the "Classifications" section of the application form. It features a table with columns: "Type of Permit", "Type of Limited", "Action Requested", and "Classification Status". The "Type of Permit" dropdown menu is open, showing a list of options including "Limited Exam Candidate". The "Action Requested" dropdown menu is set to "Add Classification". The "Classification Status" is set to "New". At the bottom right, there are "Add" and "Save" buttons. A red box highlights these buttons. Below the table, there is a note: "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."

STEP 7: CONTINUING EDUCATION DETAILS (CEUs)

CEU information is not required for Exam Candidates.

The screenshot shows the "Continuing Education Details" section of the application form. It features a table with columns: "Education Facility", "Class Name", "Con Ed Required Component", "Biennium Date", "Course Start Date", and "Course".

STEP 8: ADDING ATTACHMENTS

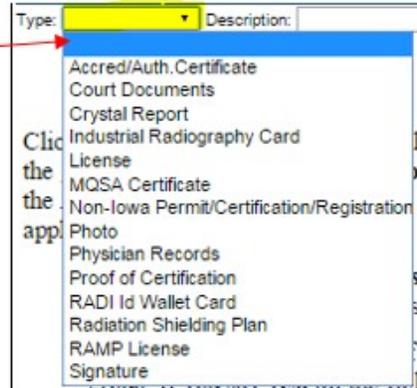
To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

Skip this step if you do not have any attachments to add.

First, click “Add New Attachment.”



- 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
- 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 button.



Continue this 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.

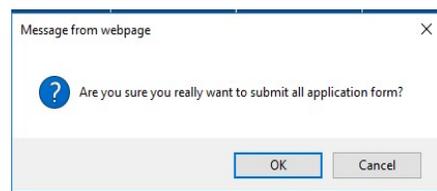
DO NOT CLICK CANCEL – this will void your entire application.

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.

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

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



STEP 9: APPLICATION FORM SUPPLEMENTAL – PART 1

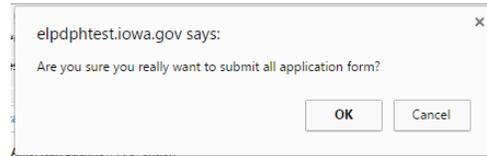
You will now be taken to the **Application Form Supplemental** page. Click the Orange arrows to expand an individual field, or click **Expand All** to view all information fields in a section.

Click the **Add** button to add the required Employer information and click **Save**. Add any Out of State Licensing information if applicable. After completing all the required fields, click **Save**.

The screenshot shows two main sections: "Employer Information" and "Out of State Licenses". Each section contains a table with several columns and a set of instructions below it. In both sections, the "Add" and "Save" buttons are highlighted with red boxes. At the bottom of the form, the "Continue" button is also highlighted with a red box.

When all sections are complete, click the **Continue** button.

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



STEP 10: APPLICATION FORM SUPPLEMENTAL – PART 2

Click **Expand All** and provide any training information you may have – this section is not required. Click **Continue** when finished.

The screenshot shows the "IDPH REGULATORY PROGRAMS Radiological Health Permit to Practice" application form. The breadcrumb trail is "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental". The form has a "Permit To Practice - Permit to Practice" section with an "Applicant" field. Below that is a "Process Description - Limited Exam Candidate" section with a "Collapse All" button. The "Ungrouped" section has a "Training School" field. At the bottom are "Cancel", "Continue", and "Add New Attachment" buttons.

STEP 11: TERMS AND CONDITIONS

Read the **Terms and Conditions** page. If you agree, check the Box next to I agree with the terms and conditions. Click **Continue**.

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

Home Terms and Conditions
Sign Off
Help

Terms and Conditions

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.

I agree with the terms and conditions.

Continue

STEP 12: PAYMENT

Next you will be taken to the **Make Payment** page.

If you need to attach additional documentation click the **Pay Later** button.

- If you click the Pay Later button a pop-up will say your application is not considered submitted until payment is made. Click OK to be returned to your **My Programs** page.
- When you are ready to make a payment, go to your **My Programs** page and click on **Make Payment**.

If you select **Pay Now** you will be directed to the online payment system.

License Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542903	Permit To Practice	Permit to Practice	New	RADI Technologist or Therapist Single Initial Fee	\$60.00	No
Total						
Fee Amount: \$60.00		Paid Amount: \$0.00		Fee Due: \$60.00		
<input type="button" value="Pay Later"/> <input checked="" type="button" value="Pay Now"/>						
Payment Later Options						
▼						

Select **Payment Method**, and fill in your payment details. Click **Continue**.
Review your payment information, then click **Confirm**.

The following page is your confirmation page.

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](#)

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: [REDACTED]
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](#)

Please keep a record of your **Confirmation Number** or **print this page** for your records.
Click **Continue** to be taken to your Receipt and return to your profile.