Applying as an Iowa EMS Student Through the AMANDA Portal
How to get to AMANDA

- Link from the EMS section of the BETS webpage:
  - http://idph.iowa.gov/BETS/EMS

- Directly at:
  - https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp
IDPH REGULATORY PROGRAMS
Radiological Health • Emergency Medical Services • Environmental Health

WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN:
BUREAU OF EMERGENCY AND TRAUMA SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
BUREAU OF RADILOGICAL HEALTH

NOTE: This application works best in Chrome and Safari. If you need to use Internet Explorer, you will need to change three settings in order for the portal to function properly. Pop up blocker must be turned off and iowa.gov added to compatibility view and to trusted sites.

INDIVIDUAL APPLICANTS: If you have an @IOWAID account and password, select the Sign In button. If you have never used the online services site, create an account by selecting the New User Registration button. Please view the following tutorial to assist you with creating your account.

INSTRUCTIONS TO CREATE ACCOUNT

BUSINESS APPLICANTS: An individual authorized to represent your account will need to Sign In or create a new account as described above. Once this Individual is Logged In, they will be able to create a New Business Profile to apply for the appropriate license on behalf of your business. Additional instructions will be provided on how to complete the Business Application once the Individual is Logged In.
DPH Regulated Communities

Enter your Account ID and Password and press sign in to continue.

Account ID:
Iowaems10.Provider10@iowaid

Password:

Sign In

Account Id Examples

Public User Account Format:
firstname.lastname@iowaid

State Employee Account Format:
firstname.lastname@iowa.gov

*If you do not have an @iowa.gov account use your State of Iowa employee email address.
Creating A New A&A Account

- Same account system used by most State Agencies
- Detailed instructions found on-line at top of log in page
- Must have a valid email address before beginning 2-step process
- Must create a user/ID name and password following their standards
- After successful creation of username & password, a message will be sent to your listed email address for completion of requirements
  - Requirements must be completed in one sitting (10 minutes)
- Once completed secure log in information for future use
If you are lock out of you’re A&A account

- Bureau of Emergency and Trauma Service is unable to assist in the retrieval or resetting of forgotten user ID or Password
- Must follow and try all provided instructions (log in screen) for retrieving forgotten user ID or Password
- If still unable to retrieve, contact the DAS OCIO:
  - 515-281-5703
  - 800-532-1174
  - Must be at computer with internet and email assess when calling for assistance
This screen may appear the first time you log in
Answer the questions regarding SSN and DOB
then select continue
If you are an Individual and wants to apply for a New Individual License, click on Apply for a Program on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company Registration. INSTRUCTIONS TO CREATE NEW COMPANY REGISTRATION
If you are an **Individual** and want to apply for a New Individual License, click on **Apply for a Program** on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click **continue**. If you do not see the company name contact the Program office. If you want to apply as a **Brand New Company** or enter an **Existing Company** for the **first** click on **New Company Registration**. **INSTRUCTIONS TO CREATE NEW COMPANY REGISTRATION**

Click on **Details** to add a new piece of equipment or edit/view an already approved application.

Click on **Online Services** to select services available for your License type.

Click on **Renew** (when displayed) to complete a renewal application.
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 that you are selecting correctly.

Click **Continue** button.

If popup a Message box, click **Ok**.

**NOTE:**

**RADILOGICAL HEALTH PERMITS TO PRACTICE RENEWALS:**

Who are applying for renewals before August 2017 you must follow the Instructions in order to get the correct fee.
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 that you are selecting correctly.

Click **Continue** button.

It popup a Message box, click **OK**.

**NOTE:**

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Click **Continue** button.

If popup a Message box, click **Ok**.

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Click **Continue** button.

If popup a Message box, click **Ok**.

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RADIOLOGICAL HEALTH PERMITS TO PRACTICE RENEWALS:

Who are applying for renewals before August 2017 you must follow the Instructions in order to get the correct fee.
Please complete the information fields above. The fields with *Asterisks* 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. Once you have *completed* the application process you can return to this screen and view a summary of the information you provided. The summary can only be viewed after you have successfully completed the payment portion of the application. Instructions can be found on the [next screen](#).
If you answer “Yes” to any of the affirmation questions you must provide information in the corresponding text box – You may also attach required documents by following instructions on previous page.
Please complete the information fields above, the fields with **Asterisks** 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. Once you have **completed** the application process you can return to this screen and view a summary of the information you provided. The summary can only be viewed after you have successfully completed the payment portion of the application. Instructions can be found on the **My Program** screen.

If you answer **Yes** to any of the Affirmation questions, Enter the details in the text field below each question.

Mail the following documents to the Program office or scan the documents and attach the documents by selecting the **Add New attachment** button.

Press the **Continue** button.

Press the **Cancel** button will stop the application process.
Please complete the information fields above, the fields with Asterisks 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. Once you have completed the application process you can return to this screen and view a summary of the information you provided. The summary can only be viewed after you have successfully completed the payment portion of the application. Instructions can be found on the My Program screen.

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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
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.

**There are no Fees to Pay.**

You can move to My Profile page or My Programs page now.
Additional Questions

Please contact the AMANDA help desk at:
855-824-4357
or by email at:
ADPEREHreg@idph.iowa.gov