



Iowa Department of Public Health
Bureau of Emergency and Trauma Services

Applying as an Iowa EMS Student Through the AMANDA Portal

January 2017

How to get to AMANDA

- o Link from the EMS section of the BETS webpage:
 - o <http://idph.iowa.gov/BETS/EMS>
- o Directly at:
 - o <https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

[Home >](#)

[Public Search](#)

[Sign In](#)

[New User Registration](#)

[Help](#)

Current A&A

New A&A

Users

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

lowaems10.Provider10@iowaid

Password:

.....

Sign In

Account Details

What is A&A?
Help
Report Issue to State Service Desk

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

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

If you are lock out of you're A&A account

- o Bureau of Emergency and Trauma Service is unable to assist in the retrieval or resetting of forgotten user ID or Password
- o Must follow and try all provided instructions (log in screen) for retrieving forgotten user ID or Password
- o If still unable to retrieve, contact the DAS OCIO:
 - o 515-281-5703
 - o 800-532-1174
 - o Must be at computer with internet and email access when calling for assistance

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > Web Registration SSN

| | | |
|-------------------------|-------------------------------|--|
| Home | Individual Information | |
| Sign In | SSN: | <input type="text" value="555779999"/> |
| Help | Confirm SSN: | <input type="text" value="555779999"/> |
| | Date of Birth: | <input type="text" value="07/04/1976"/> |
| | | <input type="button" value="Continue"/> <input type="button" value="Reset"/> |

This screen may appear the first time you log in

Answer the questions regarding SSN and DOB
then select continue

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > Web Registration Profile

| Basic Profile Details | |
|-----------------------|--|
| First Name* | <input type="text"/> |
| Middle Name | <input type="text"/> |
| Last Name* | <input type="text"/> |
| Suffix | <input type="text" value="v"/> |
| Email Address* | <input type="text" value="iowaems10.provider10@"/> |
| SSN: | ###-##-9999 |
| Date of Birth: | 07/04/1976 |

| Physical Address Details | | | |
|--------------------------|--------------------------------|------------|--------------------------------|
| ATTN: | <input type="text"/> | City*: | <input type="text" value="v"/> |
| Street Number**: | <input type="text"/> | County: | <input type="text" value="v"/> |
| Street Prefix: | <input type="text" value="v"/> | State*: | <input type="text" value="v"/> |
| Street Name**: | <input type="text"/> | Country: | <input type="text" value="v"/> |
| Street Type**: | <input type="text" value="v"/> | Zip Code*: | <input type="text"/> |
| Street Direction: | <input type="text" value="v"/> | Phone 1*: | <input type="text" value="v"/> |
| Unit Type: | <input type="text" value="v"/> | Phone 2: | <input type="text" value="v"/> |
| Unit Number: | <input type="text"/> | Phone 3: | <input type="text" value="v"/> |

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Profile

Home

Sign Off

Help

Basic Profile Details

Name: iowaems10 Provider10
Date of Birth: 07/04/1976
Email Address*: iowaems10.provider10@
Preferred Address:

PIN: 69094

Registered User's Memberships

Physical Address Details

ATTN: City*: London

Street Number**: 221B County:

Street Prefix: State*: Iowa

Street Name**: Baker Country:

Street Type**: Street Zip Code*: 90210

Street Direction: Phone 1*: 5156534789 Home

Unit Type: Phone 2:

Unit Number: Phone 3:

Select a Membership for your Actions

Continue

Reset

Addresses

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Iowaems10 Provider10

| | | |
|--------------------------|--|------------------------|
| Home | Search Criteria | |
| Public Search | License Number: | <input type="text"/> |
| My Profile | Program: | <input type="text"/> ▼ |
| New Company Registration | Status: | <input type="text"/> ▼ |
| Apply for a Program | City: | <input type="text"/> ▼ |
| Sign Off | <input type="button" value="Search"/> <input type="button" value="Reset"/> | |
| Help | | |

Programs for Iowaems10 Provider10

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

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](#)

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs

Iowaems1 Provider1

| | |
|---------------------------------|--|
| Home | Search Criteria |
| Public Search | License Number: <input type="text"/> |
| My Profile | Program: <input type="text" value="v"/> |
| New Company Registration | Status: <input type="text" value="v"/> |
| Apply for a Program ← | City: <input type="text" value="v"/> |
| Sign Off | <input type="button" value="Search"/> <input type="button" value="Reset"/> |
| Help | |

Programs for Iowaems1 Provider1

| License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew |
|------------|--------------------|--------------|--------|------------|-------------|------------|-------------------------|---------------------------------|-------|
| EMT4000004 | Iowaems1 Provider1 | EMS Provider | Active | 12/28/2016 | 01/30/2019 | Des Moines | Details | Online Services | |

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](#)

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.

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program

| | |
|--------------------------|---|
| Home | Apply for Program |
| Sign Off | Program: <input type="text"/> |
| Help | Program Detail: <input type="text"/> |
| | <input type="button" value="Cancel"/> <input type="button" value="Continue"/> |

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:

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.

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program

Home Apply for Program

Sign Off Program: Backflow Tester
Help Program Detail: EMS Provider
Cancel Industrial Radiography Continue
Permit To Practice

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**.

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IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program

Home Apply for Program

Sign Off Program: EMS Provider

Help Program Detail: **AEMT**
EMR
EMS Student
EMT
Paramedic

Cancel Continue

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**.

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IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program

| | | |
|----------|-------------------|----------------|
| Home | Apply for Program | |
| Sign Off | Program: | EMS Provider ▼ |
| Help | Program Detail: | EMS Student ▼ |
| | Cancel | Continue |



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**.

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IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Apply for Program

Home

Sign Off

Help

Apply for Program

Message from webpage



Are you sure you really want to apply for this program?



OK

Cancel

Continue

Please select the **Program** and

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:

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.

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form

Home

Sign Off

Help

EMS Provider - EMS Student

Applicant Iowaems10 Provider10

Application Form

Expand All

▶ Affirmation

▶ Personal Information

▶ Course Details

Application Form Details

Expand All

▶ Reciprocity/Certification

Attachment

Attachment Description

Add New Attachment

Cancel

Continue

Discussed
on next
screen

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

Help

Application Form Expand All

▼ 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.

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? *

Yes No

If yes, include the date, location, reason, and resolution.

Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? *

Yes No

If yes, include the date, location, reason, and resolution.

Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *

Yes No

If yes, provide a description of the circumstances.

▶ Personal Information

▶ Course Details

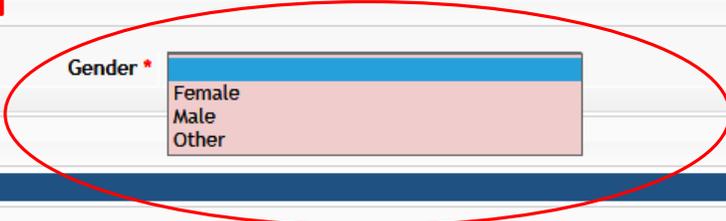
If you answer “Yes” to any of the affirmation questions you must provide information in the corresponding text box – You may also attach required documents by following instructions on previous page

Sign Off

Help

Application Form Expand All

- ▶ Affirmation
- ▼ Personal Information 
- ▶ Course Details

Gender * 

- Female
- Male
- Other

Application Form Details Expand All

- ▶ Reciprocity/Certification

Attachment

Attachment Description

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.

Sign Off

Help

Application Form Expand All

- ▶ Affirmation
- ▶ Personal Information
- ▼ Course Details ←

Course Selection *

- AEMT
- EMR
- EMT
- Paramedic

Application Form Details Expand All

- ▶ Reciprocity/Certification

Attachment

Attachment Description

Add New Attachment

Cancel Continue

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.

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form

| | |
|----------|--------------------------------|
| Home | EMS Provider - EMS Student |
| Sign Off | Applicant Iowaems10 Provider10 |
| Help | |

Application Form Expand All

- ▶ [Affirmation](#)
- ▶ [Personal Information](#)
- ▶ [Course Details](#)

Application Form Details Expand All

- ▶ [Reciprocity/Certification](#)

Attachment

Attachment Description

Cancel

Continue



Add New Attachment

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

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

Home > My Programs > Apply for Program > Application Form

EMS Provider - EMS Student

Home Sign Off Help

Application Form Expand All

- ▶ Affirmation
- ▶ Personal Information
- ▶ Course Details

Application Form Details Expand All

- ▶ Reciprocity/Certification

Attachment

| Attachment Description |
|------------------------|
| |

Message from webpage

Are you sure you really want to submit all application form?



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

IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

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

Home

Sign Off

Help

Terms and Conditions

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



IDPH REGULATORY PROGRAMS Emergency Medical Services



Providers

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.

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