



# Iowa Department of Public Health

Bureau of Radiological Health

Lucas State Office Building  
Des Moines, Iowa 50319-0075

## Application for Radon Measurement Specialist Certification (See Part B for Instructions)

<b>Application Purpose (check one):</b> <input type="checkbox"/> New <input type="checkbox"/> Employer Change <input type="checkbox"/> Update <input type="checkbox"/> Renewal	
<b>Name of Individual Applicant:</b>	<b>*Social Security No.:</b>
	<b>Date of Birth: (mm/dd/yy):</b>
<b>Individual Address (street, city, state, zip code):</b>	<b>Phone (w/area code):</b>  <b>Cell Phone (optional):</b>  <b>Email Address:</b>
<b>Name of Company, Business, or Employer (If different from above):</b>	<b>Address of Company (street, city, state, zip code) (If different from individual address):</b>
<b>Owner(s) of Company (if different from above):</b>	<b>Phone:</b>  <b>Email Address:</b>
<b>Fee Schedule/Purpose of Application</b>  <ul style="list-style-type: none"> <li>• Specialist Fee: (\$250) _____</li> <li>• Application Fee:               <ul style="list-style-type: none"> <li>➤ Iowa Resident (\$25) _____</li> <li>➤ Non-Resident (\$100) _____</li> </ul> </li> </ul> <p style="text-align: right;">Total Fee: _____</p>	<b>Testing Methods Used (Check or X all that apply):</b>  <input type="checkbox"/> AT – Alpha-Track Detection <input type="checkbox"/> CC – Activated Charcoal Adsorption <input type="checkbox"/> CR – Continuous Radon Monitor <input type="checkbox"/> EL – Electret-Perm (Long-term) <input type="checkbox"/> ES – Electret-Perm (short-term) <input type="checkbox"/> LS – Charcoal Liquid Scintillation <input type="checkbox"/> UT – Unfiltered Alpha-Track Detection <input type="checkbox"/> Other (explain): _____

*\*Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.*

**Required:**

If a "Yes" answer is provided and additional documentation is required, please attach all documents after this page.

If this is a renewal, record change, or new employer application then only changes that have occurred since the previous application need to be reported (i.e.: new criminal charges, new medical condition, etc.).

Check One

1) 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.*

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2) 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.*

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3) 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.*

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4) 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.*

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5) 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.*

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6) 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.*

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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.

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Signature of Applicant

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Date

**Signed and Dated Statements (required), Items 1-4 must be initialed:**

1) I will submit radon test results every 30 days to the radon program within IDPH. The radon test results will be submitted on a form, a diskette, or through e-mail in a manner that is approved by the department. Radon measurements conducted for the purpose of QA/QC should not be submitted unless they are also part of the actual radon test result that is being reported for a building. Initials \_\_\_\_\_

2) I will keep all records for a minimum of 5 years after the radon test is completed. Initials \_\_\_\_\_

3) I will submit any changes in procedures within 14 days to IDPH, and will acquire at least 8 hours of continuing education credits every two years before your certification is renewed (note: all certifications are renewed annually). Initials \_\_\_\_\_

4) I will ensure that no one except the certified person named on the application will perform (place and pick-up) any radon tests using the approved method and equipment for which I am approved in Iowa, and all EPA radon measurement guidelines and protocols will be followed. Initial \_\_\_\_\_

5) I have enclosed a check or money order payable to the Iowa Department of Public Health.

6) I have enclosed the additional information required.

7) I hereby certify that all information in this application is true and complete.

8) I understand that all statements and representations made with the application are binding upon the applicant.

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Printed Name of Applicant

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Title/Position

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Signature of Applicant

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Date

## Part B - Radon Measurement Specialist Application Instructions

- If an individual is applying for initial certification, change of employer, application update, or renewal, he/she must indicate the purpose of the application being sought by placing an X next to the purpose for the application. If initial certification is being sought he or she must also indicate a resident or nonresident by placing an X next to the appropriate box under Initial Certification.
- Applying for a New Certification:
  - Fill out the entire application form and send in all the information below for review and approval.
  - Submit a check in the amount of \$275 for an Iowa resident and \$350 for a nonresident. The resident application has a \$25 application fee attached, and a nonresident application has a \$100 application fee attached. No application submitted can be processed without submitting the appropriate fees, and all fees submitted are nonrefundable.
  - Check the box next to all testing methods being used for the reporting of a radon level. All testing methods being used must include a separate Quality Assurance/Quality Control Plan (QA/QCP) and Standard Operating Procedures (SOPs). Passive devices used with active devices for performing duplicates only, do not need QA/QCPs and/or SOPs, and the results from these devices are not reported to IDPH.
- Change of Employer: If you have changed employer, please, fill out the entire application form and send in a new QA/QC Plan and SOPs for each testing method being used, for review and approval.
- Application Update: If sending in an application update or change, please, send in only the information to be updated and reviewed for approval, along with first page of the application form.
- Application Renewal: If sending in a renewal, please send in a complete signed and dated renewal form, received from the department and the first page of the application form if any changes need to be made.

### **When submitting a new certification, please, submit the following along with your completed application form for review and approval:**

1. Proof of successful completion of a training course (approved by this department) and by the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB) on radon/radon progeny measurements. **A certificate of attendance is required.**
2. Proof of successful completion of an examination approved by NRPP or NRSB showing a passing score of 70% for the radon measurement specialist examination fulfills this requirement.
3. Proof of two years of post-secondary education in architecture, natural science, engineering, or a related discipline, OR a combination of professional work experience and post-secondary education may be used to fulfill this requirement on a year-for-year basis, although, a transcript and a detailed resume must be submitted.

#### **To use education only submit:**

- A college transcript in a science related area must be included to fulfill this requirement, OR

#### **To use a combination of education and experience submit:**

- A college transcript in a science related area must be included to fulfill this requirement, AND
- The applicant must provide proof in the form of a detailed resume the years of experience by including information concerning the job functions or work that was performed, and responsibilities that were performed while working in home inspection, construction as a contractor, and/or in any other repair/construction, or maintenance projects that were performed. The application must also include the amount of time spent working with each employer by including the approximate amount of hours worked per week, month, or year for each employer and

the dates of employment from month to year. The following work related areas can be used to show the appropriate type of work experience, but is not all inclusive:

- Home Inspection
- Real-Estate
- Heating & Cooling (HVAC)
- Plumbing
- Remodeling
- Electrical
- Home Appraisal
- Accounting
- Radon mitigation

Remember: To use experience the amount of hours worked per week, month, or year; and dates of employment from month to year must be clearly indicated.

**To use work experience only submit:**

- The applicant must provide proof in the form of a detailed resume that he/she has two years of experience by including detailed information concerning the job functions or work that was performed, and responsibilities that were performed while working in home inspection, construction as a contractor, and/or in any other repair/construction, or maintenance projects that were performed. The application must also include the amount of time spent working with each employer. To meet the two year experience requirement, a detailed resume must include the approximate amount of hours worked per week, month, or year for each employer and the dates of employment from month to year. Two years of full-time experience must be provided. The following work related areas can be used to show the appropriate type of work experience, but is not all inclusive:

- Home Inspection
- Real-Estate
- Heating & Cooling (HVAC)
- Plumbing
- Remodeling
- Electrical
- Appraisal
- Accounting
- Radon mitigation

Remember: To use experience only the amount of hours worked per week, month, or year; and dates of employment from month to year must be clearly indicated.

4. A separate Quality Assurance/Quality Control (QA/QC) plan for each measurement method or equipment type must be submitted. All QA/QC checks must be performed according to EPA 402-R-92-004 July 92 "Indoor Radon and Radon Decay Product Measurement Device Protocols" and EPA 402-92-003 May 93 "Protocols for Radon and Radon Decay Product Measurements in Homes." If you need information on how to develop an acceptable Quality Assurance/Quality Control (QA/QC) plan for CRMs, please, go to <http://aarst-nrpp.com/wp/member-benefits/> for obtaining a template or an example.
  - All devices used must be NRPP listed and be listed on the NRPP website to show the device has been approved for measuring radon. Only charcoal canisters from Iowa Certified Radon Laboratories and continuous radon monitors that are calibrated annually and approved by the Iowa Radon Program will be allowed to perform radon measurements.
  - If passive devices such as activated charcoal detectors (AC) are used, the names and addresses of the Iowa certified laboratories and a picture of the device must be included. Duplicate measurements must also be performed on ten percent of all AC measurements performed each month (or on one out of ten tests performed).

- All QA/QC plans for passive devices must include copies or examples of spike, blank, duplicate, chain-of-custody, and calibration (E-Perm only) logs; also, include your business name on the top of each log.
  - If an active device such as a continuous radon monitor is used, the name of the manufacture, model, and a picture of the monitor must be included. When using a continuous radon monitor (CRM) the frequency of calibration is 12-months and your QA/QC plan must reflect this, and where the monitor is sent in for calibration. Duplicate measurements must also be performed on ten percent of all measurements performed each month (or on one out of ten tests performed), and may be performed by utilizing a recently calibrated CRM for at least 48 hours or from a device by a certified Iowa laboratory. The name and address of the Iowa certified laboratory being used must also be included.
    - All QA/QC plans for CRMs must include copies or examples of calibration, duplicate/crosscheck, and chain-of-custody logs; also, include your business name on the top of each log.
  - All QA/QC Plans must also include detailed storage and tracking information by adding the address and room location of where the devices will be stored into each QA/QC plan. Tracking information must also be included that explains where the device is located when in use versus when it is stored, and concerns who is in charge of knowing where the devices are located, and the custody they are under at times of use and when not in use.
5. Separate Standard Operating Procedures (SOPs) for each measurement method or equipment type must be submitted. Standard Operating Procedures must include information concerning the placement and pickup of devices used, who performs the tests, and what measures will be used to ensure all tests were in conformance with EPA protocols and procedures.