STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

INSTRUCTIONS TO APPLY FOR
EMS PROVIDER CERTIFICATION

Use the following link to access the online licensing system:
https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index

For assistance with finding a username or resetting a password, contact the Office of the Chief Information Officer (OCIO) 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.
**NOTE**: You must use either **Google Chrome** or **Microsoft Edge** when applying online.

If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team at 1-855-824-4357.

If you need assistance with questions in the application form after reviewing these instructions, contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-281-0620
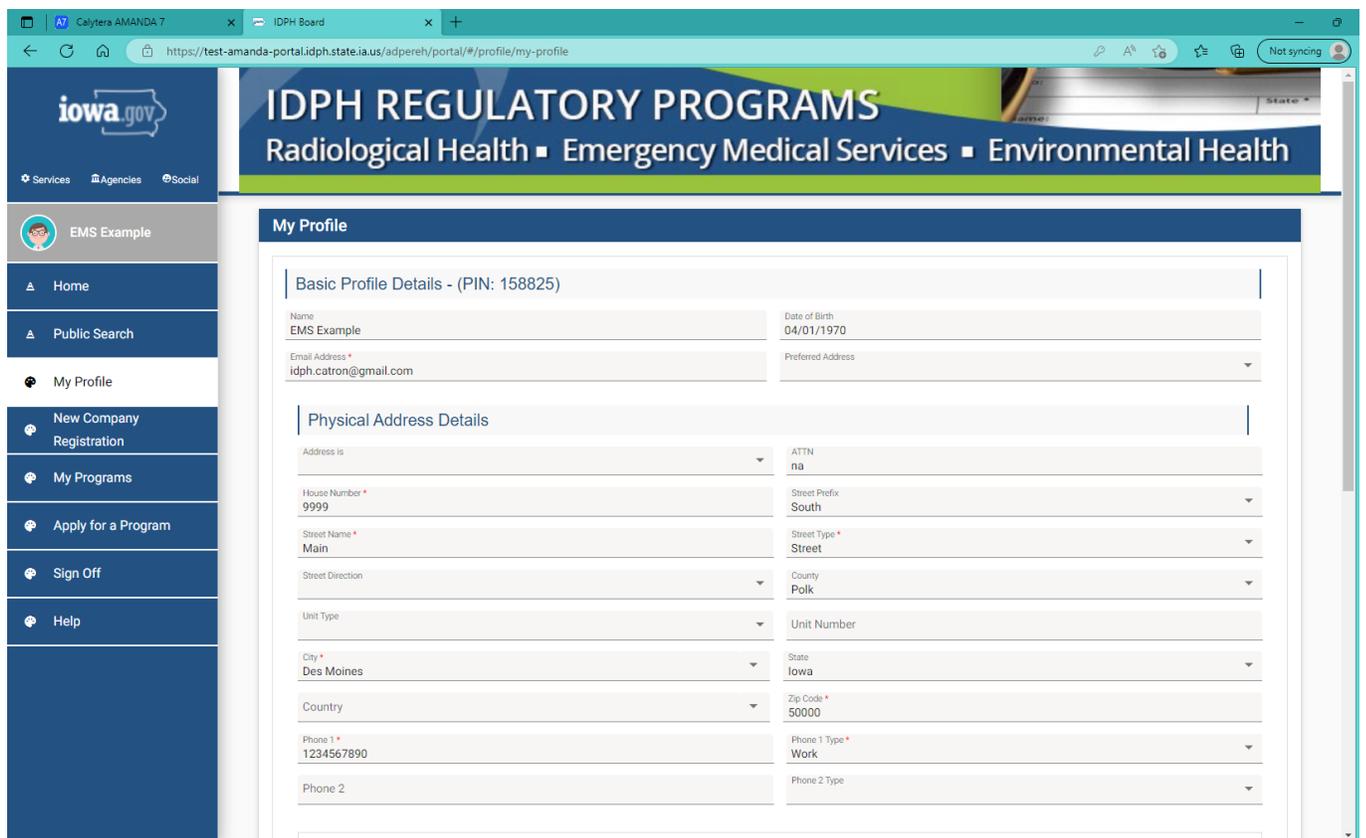

STEP 1: SIGN IN

After creating your A&A account, **Sign In** on the portal if you are not already signed in.
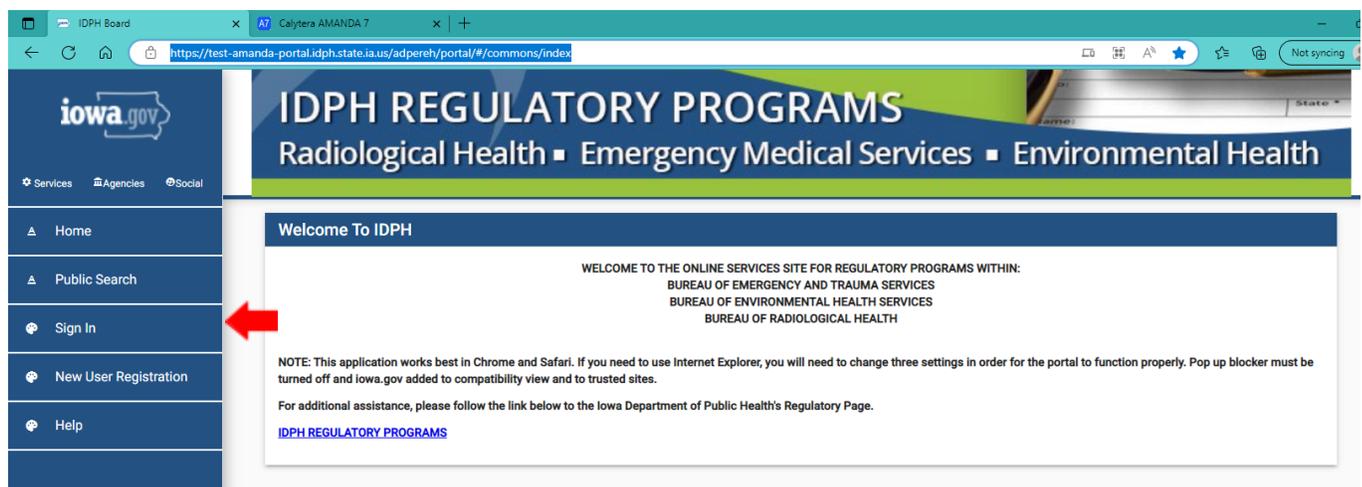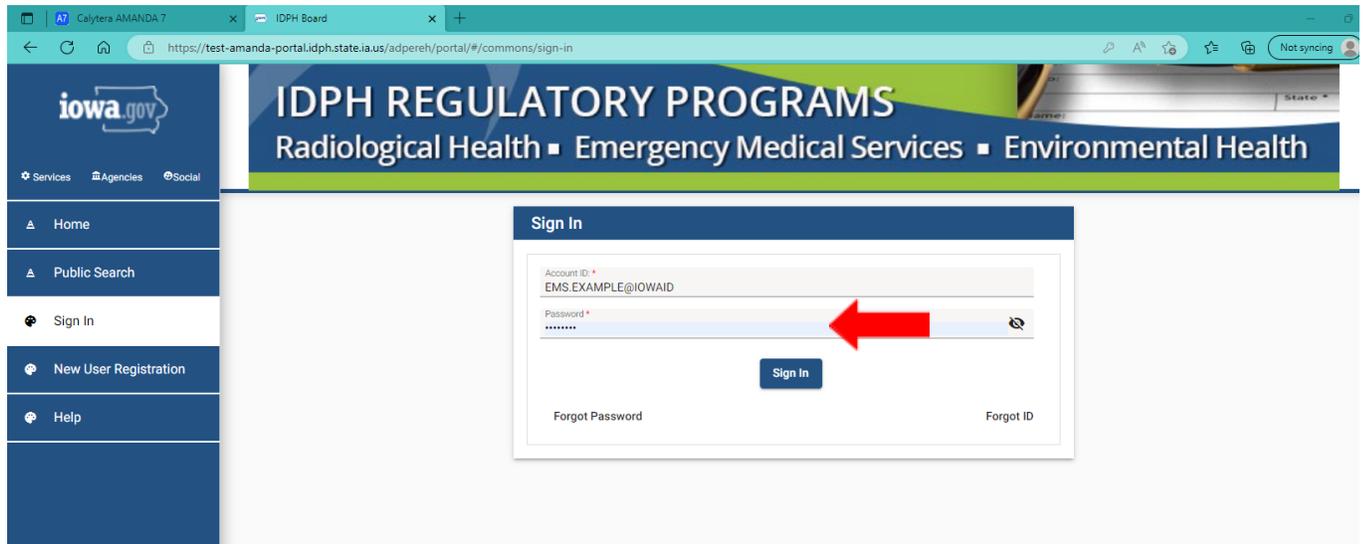
After signing in, you will be taken to the **My Profile** page. Click **Continue** or click **Apply for a Program.**

Country

50000

Phone 1 *
1234567890

Phone 1 Type *
Work

Phone 2

Phone 2 Type

Select personal license or an organization to proceed

Select a Membership for your Actions
Personal Licenses

Continue **Reset** **Addresses**

WELCOME TO YOUR PROFILE PAGE!

This is your individual landing page and contains your Personal Information. Please provide your Physical Address Details:

- All fields marked with an * are mandatory. Enter the Street name in the Street name field; the street type (i.e. ST, AVE.) should be entered in the Street type field. The upside down triangle will assist you by providing a list of values for the type field. When Entering Information in the phone field enter your ten-digit phone number without spaces.
- It is required to keep the above information as your Individual Personal Information. Failure to keep the information current could result in Program Disciplinary Action.

This page does not specifically reflect your Individual or Business Licenses. Further navigation is needed to access your Licenses.

- To Navigate or Apply for Individual Licenses, verify the information on this page is correct, then select Continue.
- To Navigate or Apply for Businesses, Click the Company name under Registered User Membership. Click Continue. If you do not see your business listed under Registered User Membership, then Please contact Program Office. Review any documentation you received from IDPH on how to associate yourself with an existing business. Or if you are applying for the First time, click on Continue to create a Brand New Business.

If you have different Addresses. Click on the Addresses Button on the right to provide or update the Addresses you have.

NOTE:

- Name changes: Individual name changes must be submitted here https://idph.iowa.gov/adpereh/amanda Business name changes must call to the program office.
- All hard copy documents from the Program Office will be sent to the Mailing Address. The address will display during a Public Search.

© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | **Privacy Statement** | **Terms Of Use**

---

iowa.gov

✦ Services 🏛 Agencies 🌐 Social

EMS Example

⚠ Home

⚠ Public Search

🎨 My Profile

🎨 New Company Registration

🎨 My Programs

🎨 Apply for a Program

🎨 Sign Off

🎨 Help

STEP 2: APPLY FOR A PROGRAM

If you clicked **Continue**, you will be taken to your **My Programs** page.

To apply for an EMS provider certification, click on **Apply for a Program**.

On the **Apply for Program** page, select your **Program** as "EMS Provider" and select your **Program Detail** as the level of certification you are applying for (EMR, EMT, AEMT or Paramedic) then click **Continue**.
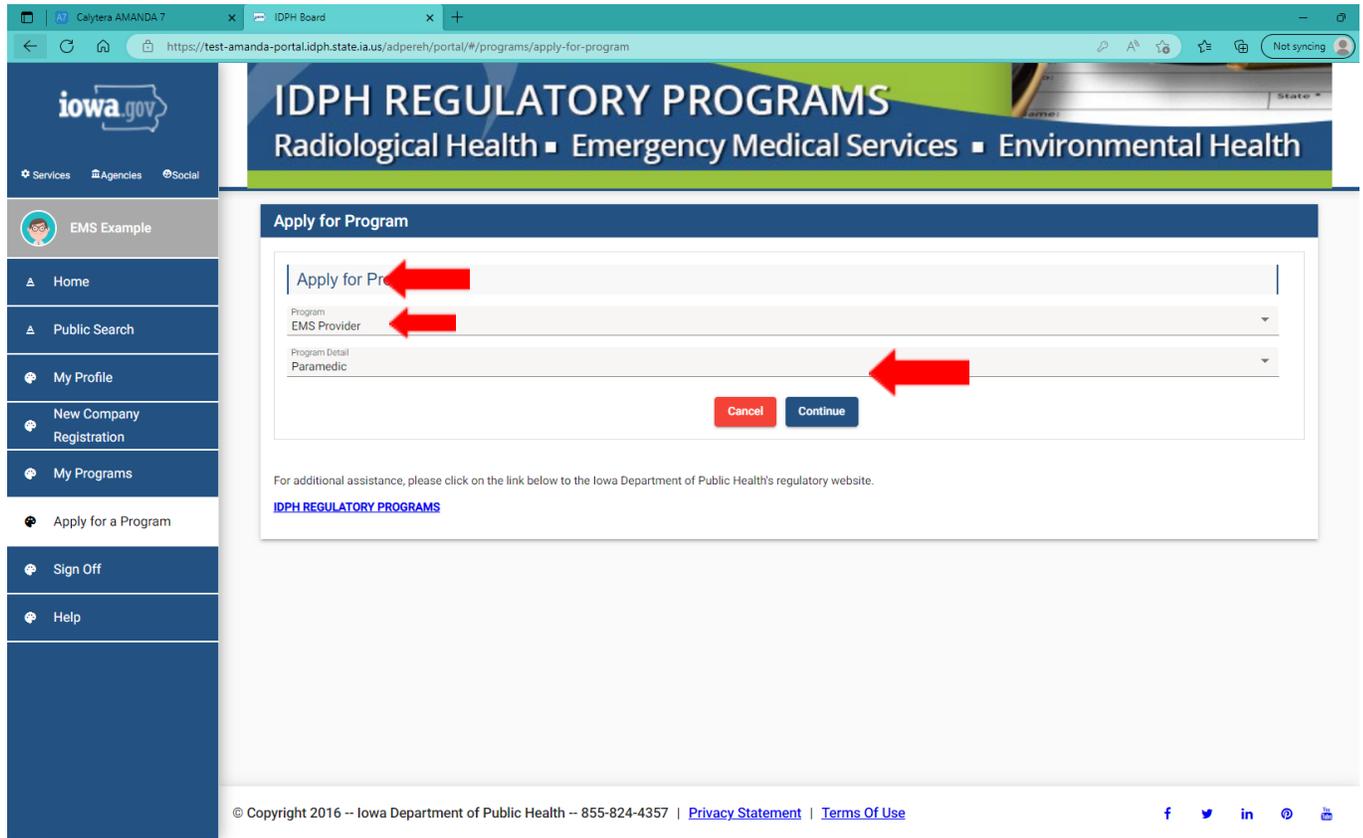
A pop-up message will appear. Click **OK** to continue with the application.

STEP 3: APPLICATION FORM

STEP 4: AFFIRMATION

All questions in this section are required. If you answer <u>Yes</u> to any of these questions, provide a brief description of all relevant activities into the text box provided below. You may need to provide additional details in an attachment if necessary. (See STEP 7: ATTACHMENTS) You can also reference *EMS Application Affirmation Question Guidance* on the Bureau's website
https://hhs.iowa.gov/public-health/emergency-medical-services-trauma.

Screenshot 1

IDPH REGULATORY PROGRAMS
Emergency Medical Services

Providers

Application Form

EMS Provider - EMS Student

Applicant: EMS Example

Application Form

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 a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under $250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a : ● Yes ○ No

Navigation sidebar:
- EMS Example
- Home
- Public Search
- My Profile
- New Company Registration
- My Programs
- Apply for a Program
- Sign Off
- Help

Screenshot 2

other chemical substances? *

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 a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under $250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. * : ● Yes ○ No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge. : EXAMPLE TEST 1/1/2001 Yourtown, USA criminal charge/misdemeanor, probration

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

Current National Registry

STEP 5: PERSONAL INFORMATION

Please answer the following two (2) questions, the Gender selection is a required field.

restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? *

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   ⌃

Gender *   : Female ▾

Are you a veteran of the US Armed Forces?   : ◯ Yes ⦿ No

Current National Registry   ⌄

Provider Disaster Questions   ⌄

Fee Waiver Request   ⌄

Attachments

Attachment Description

STEP 6: CURRENT NATIONAL REGISTRY

If you are or have been an EMS student in an Iowa EMS Authorized Training Program, you may not have obtained your National Registry of Emergency Medical Technicians (NREMT) and are working toward meeting those requirements. If that is the case you can leave this section blank and move onto Step 7.

If you already have a current registration with the NREMT, you eligible to apply for initial EMS provider certification in Iowa. You will need to fill in the all three fields below and it is recommended that you attach a copy of your NREMT in "Attachments." (See STEP 9: ATTACHMENTS)

Example if you have NREMT information for the level you are applying for.

STEP 7: PROVIDER DISASTER QUESTIONS

The two questions in this section are required and you must respond with a "Yes" or "No."

STEP 8: FEE WAIVER REQUEST

The questions in this section are required. You may be eligible to waive the initial application and background check fees. In order to be eligible for the waiver of fees, you will need to provide documentation to show household income does not exceed 200% of the federal poverty guideline.

Here is a list of possible documentation you can provide to demonstrate household income or eligibility for the fee waiver. Please white out any sensitive information not pertaining to eligibility information (examples of what you may white out SSN or DOB).

1. Copies of latest federal or state tax returns (for applicant or whomever claims the applicant as a dependent).
2. Proof of total income for household through other supportive documents (paystubs, W-2/1099s, social security benefits letter, unemployment benefits letter, etc.)
3. Proof of enrollment in a state of federal assistance program (Medicaid, WIC, Supplemental Nutrition Assistance Program, etc.)
4. Letter of explanation as to why applicant cannot provide any of the above and attestation to meeting the requirements.

If you select "Yes" for the question: "Do you wish to apply for a fee waiver?"   You can attach a copy of one of the items listed above to the "Attachments."   (See STEP 9: ATTACHMENTS)

STEP 9: ATTACHMENTS (OPTIONAL)

Click the **Add New Attachment** button at the very end of the application form.

Include a short **Description** of the attachment. Click **Choose File** and select a document from your files. Click **Upload Attachments**.

NOTE: If you attach a document in error, <u>it cannot</u> <u>be removed by you</u>. You will need to contact the EMS 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.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK <u>CONTINUE</u>.

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

Click **OK** to proceed to the next page.
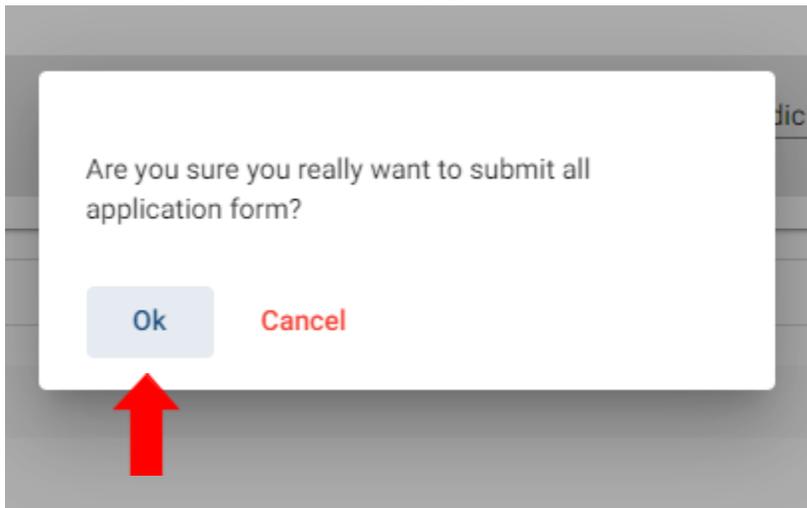
STEP 10: TERMS AND CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the "I agree with the terms and conditions, then click **Continue**.

STEP 11: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documents, click the **Pay Later** button to be returned to your programs page. Click <u>Details</u> to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay. (**Note**: your application is not considered submitted until payment is made.)

When you click on **Pay Now**, the next screen you come to will also give you the option to click **Pay Later** or **Pay Now** again. Click **Pay Now** if you are ready to pay.

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

Click **OK** to proceed to the next page.
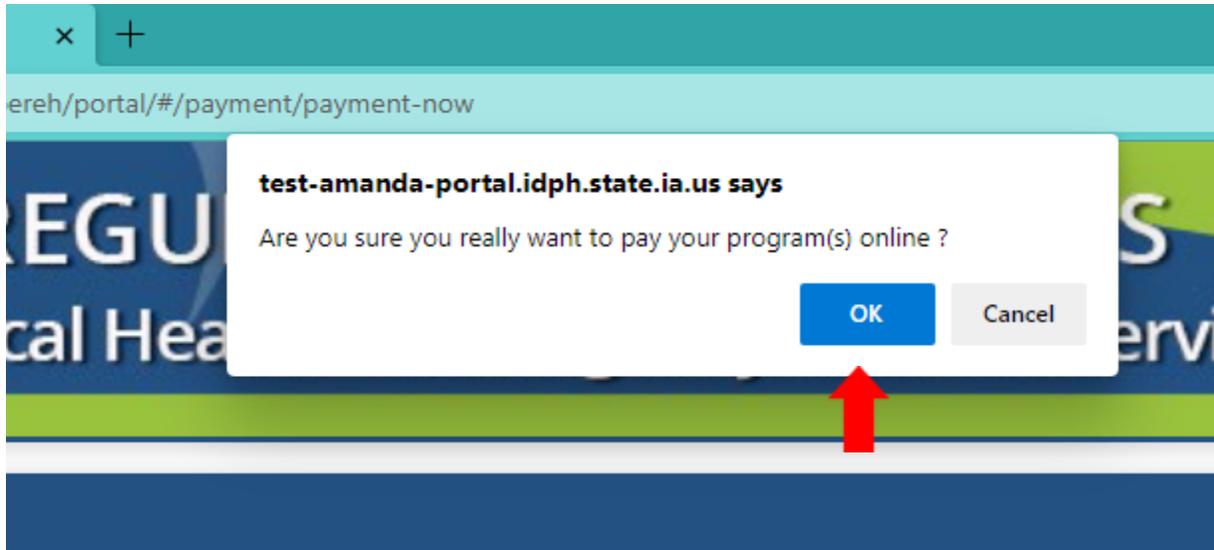
On the **Make a** Payment page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information.

Make a Payment

My Payment

State of Iowa TEST site	
Amount Due	$75.00

Payment Information

Frequency	One Time
Payment Amount	$75.00
Payment Date	Pay Now

Contact Information

First Name	IDPH
Last Name	Test
Company	(Optional)
Address 1	321 E 12th Street
Address 2	(Optional)
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	US
Phone Number	8558244357
Email Address	email.email@mail.com

Become a Registered User

Payment Method

Payment Method	Select ▼

Continue Cancel

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description	State of Iowa TEST site State of Iowa TEST site
Payment Amount	$75.00
Payment Date	09/27/2017

Payment Method

Payer Name	IDPH Test
Card Number	
Expiration Date	Aug-2018
Card Type	Visa
Confirmation Email	email.email@mail.com

Billing Address

Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States

Contact Information

First Name	IDPH
Last Name	Test
Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States
Phone Number	8558244357
Email Address	email.email@mail.com

Confirm Back

Click **Confirm** on the **Review Payment** page if the payment details are correct.

Write down your Confirmation **Number** or **print this page** for your records.
Click **Continue** at the bottom of the screen to be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number **IOWTST004926730**

Payment Details

You can click Sign Off when you have come to this page and you have no other programs to apply for.

Make Payment

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.

© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | Privacy Statement | Terms Of Use

STEP 12: ADDITIONAL REQUIREMENTS

1. <u>BACKGROUND CHECK:</u> If you have not already done so you, you will need to complete background check materials and submit them to the Iowa Bureau of Emergency Medical and Trauma Services. If you are an Iowa EMS student, your Iowa EMS Training Program has or will provide you with a background check packet. If you are new to Iowa, and have your NREMT and are applying for your Iowa EMS provider certification, you will need to contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-281-0620 in order for the Bureau to mail you the background check materials to complete.

2. <u>NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT):</u> If you do not have your NREMT at the time of application, and you are in the process of completing an Iowa EMS training program course, the Bureau received weekly reports on updates for NREMT cognitive exam results. If you have completed all the NREMT requirements, the Bureau will be able to verify your NREMT status from these reports. Once the Bureau can verify your NREMT is current, the Bureau will update your NREMT information in your application.

3. Once all the Iowa EMS provider certification application requirements are met, the Iowa Bureau of Emergency Medical and Trauma Services will activate your EMS provider certification in AMANDA, and you will receive an email notification of Iowa EMS provider certification activation with a wallet card attached to the email.