

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.

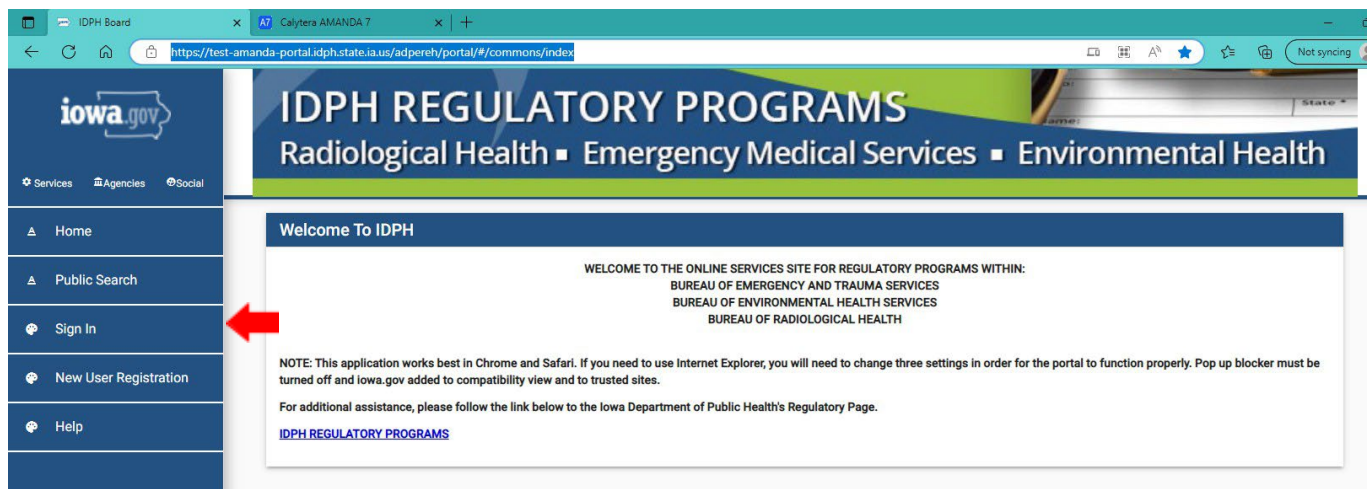
These instructions assume you have already created an A&A account & set up your Profile Page. NOTE: You must use either Google Chrome or Microsoft Edge when applying online.

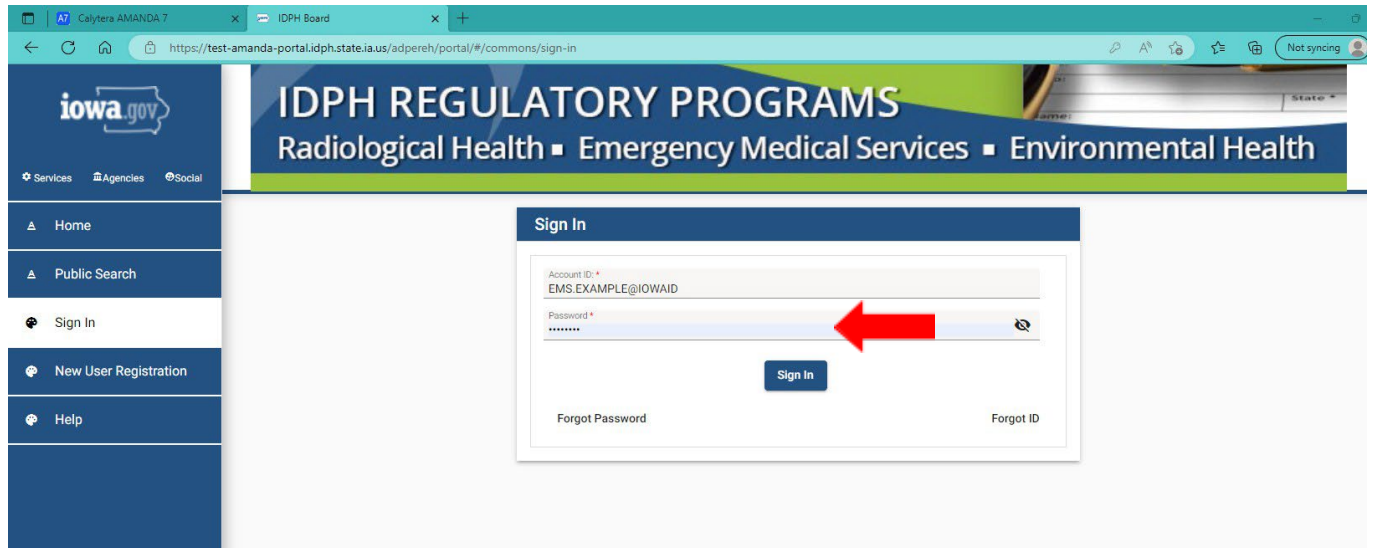
If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team at 1-855-824-4357.

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 I: 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**.



Browser tabs: Calytera AMANDA 7, IDPH Board

URL: <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/profile/my-profile>

Navigation menu (left): Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, Help

Form fields (top): Country (50000), Phone 1 * (1234567890), Phone 1 Type * (Work), Phone 2, Phone 2 Type

Form content: Select personal license or an organization to proceed. Select a Membership for your Actions: Personal Licenses

Buttons: 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.

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Social media icons: Facebook, Twitter, LinkedIn, Instagram, YouTube

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**.

The screenshot shows the IDPH Regulatory Programs website. The main header reads "IDPH REGULATORY PROGRAMS" with sub-headers for "Radiological Health", "Emergency Medical Services", and "Environmental Health". The user is logged in as "EMS Example". The left sidebar contains navigation options: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program (highlighted with a red arrow), Sign Off, and Help. The main content area shows "My Programs EMS Example" with a search bar and a table of programs.

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
EMT4004181	EMS Example	EMS Provider	Active	01/12/2023	03/31/2025	Des Moines	Details	Online Services	

Items per page: 5 | 1 - 1 of 1 | < >

[Make Payment](#)

Apply for a Program

If you are an Individual and wants to apply for a New Individual License, click on Apply for a Program on the above. Instructions to Apply for a Program

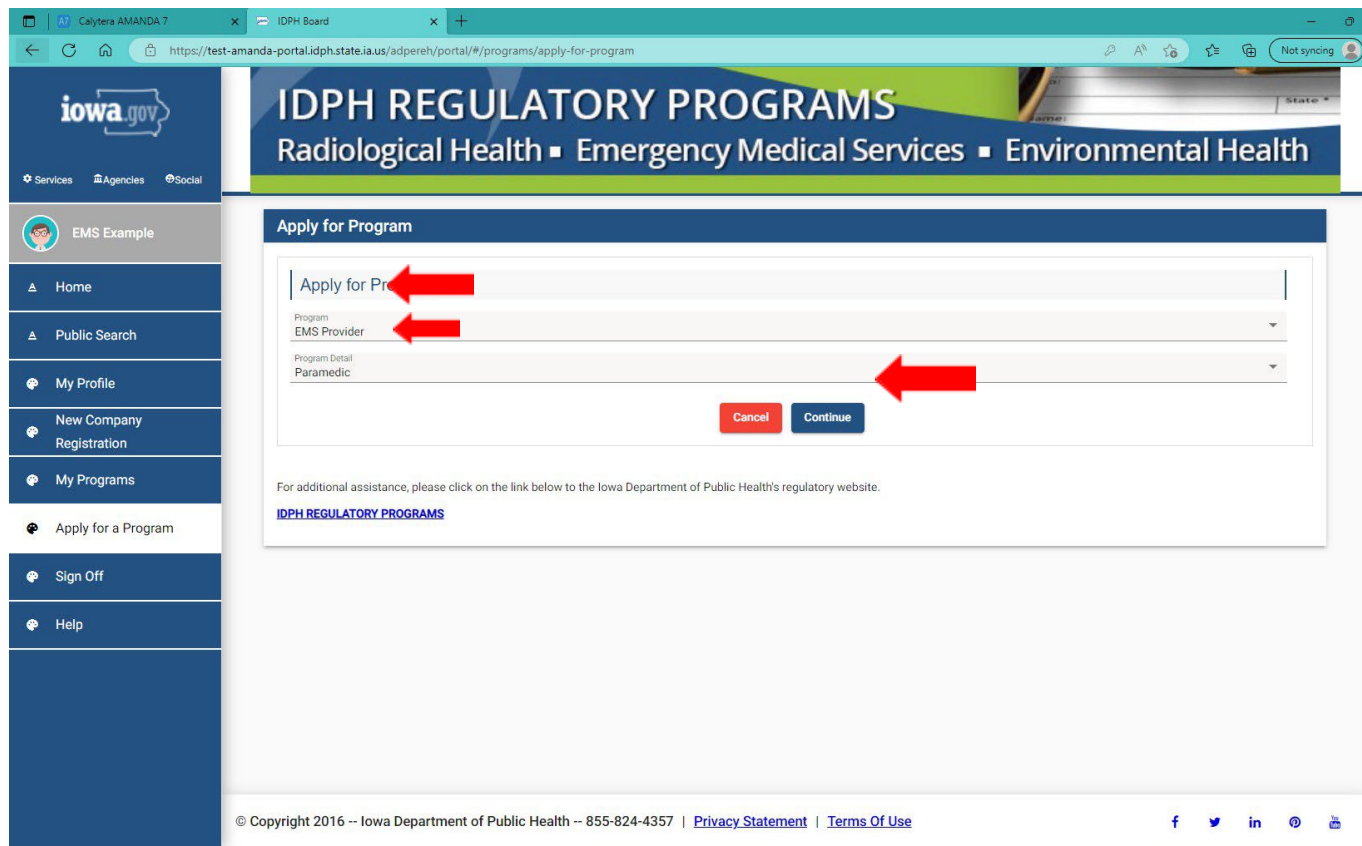
If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company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

If you are an Individual returning to the system: Instructions to how to return system.

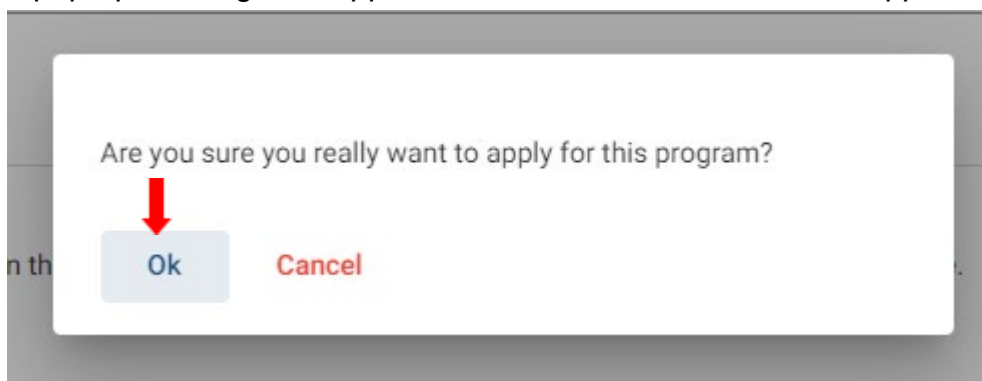
- Click on Details to add a new piece of equipment or edit/view an already approved application.
- Click on Online Services to select services available for your License type.
- Click on Renew (when displayed) to complete a renewal application.
- Click on Edit (if displayed) to complete a pending application.

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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

The screenshot displays the 'Application Form' for 'EMS Provider - Paramedic' on the IDPH Regulatory Programs Emergency Medical Services Providers portal. The applicant is 'EMS Example'. The form includes several sections, each with a red arrow pointing to the right, indicating that these sections are required:

- Affirmation
- Personal Information
- Current National Registry
- Provider Disaster Questions
- Fee Waiver Request

Below the form is an 'Attachments' section with an 'Attachment Description' text box. The page footer shows 'Items per page: 5' and '0 of 0'.

STEP 4: AFFIRMATION

All questions in this section are required. If you answer Yes 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>.

Browser tabs: Calytera AMANDA 7, IDPH Board
 URL: https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

iowa.gov Services Agencies Social

IDPH REGULATORY PROGRAMS
Emergency Medical Services
Providers

EMS Example

Home
 Public Search
 My Profile
 New Company Registration
 My Programs
 Apply for a Program
 Sign Off
 Help

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 criminal proceeding. * Yes No

Browser tabs: Calytera AMANDA 7, IDPH Board
 URL: https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

iowa.gov Services Agencies Social

EMS Example

Home
 Public Search
 My Profile
 New Company Registration
 My Programs
 Apply for a Program
 Sign Off
 Help

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 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, probation

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.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a blue sidebar with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area contains several questions with text input fields and radio button options:

- Question 1: "restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you?*" with radio buttons for Yes and No.
- Question 2: "Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?*" with radio buttons for Yes and No.
- Question 3: "Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?*" with radio buttons for Yes and No.

The "Personal Information" section is expanded, showing a "Gender*" dropdown menu with a red arrow pointing to it. The dropdown menu is open, displaying the following options:

- Female
- Male
- Other

Below the Gender dropdown, there is a question: "Are you a veteran of the US Armed Forces?". At the bottom of the form, there is an "Attachments" section with a table header "Attachment Description".

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? *

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? *

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

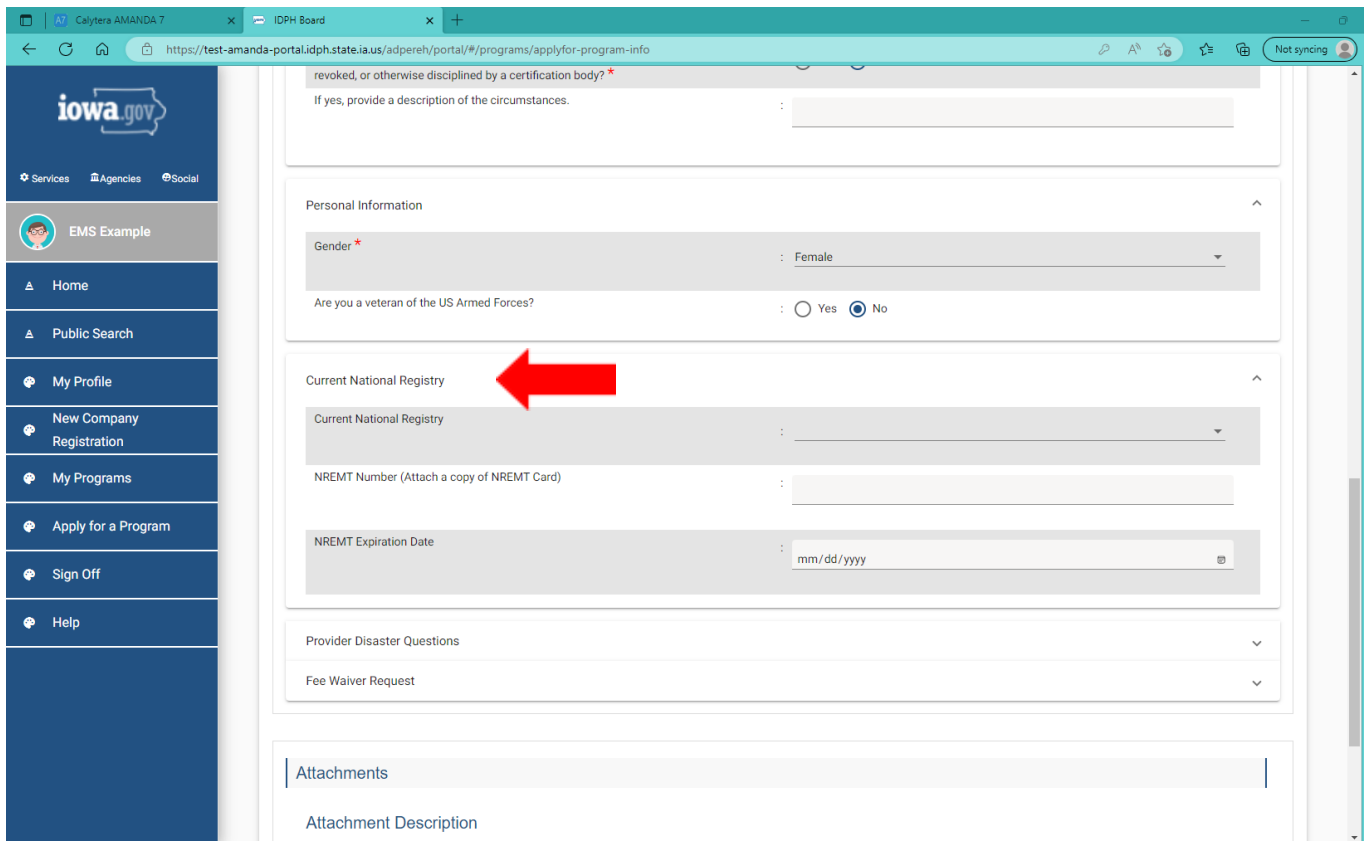
Attachments

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 are 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)



The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and a navigation menu including: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is a form with several sections: a top section for disciplinary actions, a 'Personal Information' section with fields for Gender (set to Female) and 'Are you a veteran of the US Armed Forces?' (set to No), a 'Current National Registry' section highlighted with a red arrow pointing to the 'Current National Registry' dropdown menu, and fields for 'NREMT Number (Attach a copy of NREMT Card)' and 'NREMT Expiration Date' (format: mm/dd/yyyy). Below this are sections for 'Provider Disaster Questions' and 'Fee Waiver Request'. At the bottom is an 'Attachments' section with an 'Attachment Description' field.

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

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and a navigation menu including: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is a form with several sections: a text input field for a question about certification body discipline; a 'Personal Information' section with a 'Gender' dropdown set to 'Female' and a 'Are you a veteran of the US Armed Forces?' question with 'No' selected; a 'Current National Registry' section with a dropdown set to 'Paramedic', an 'NREMT Number' field containing 'M1234567', and an 'NREMT Expiration Date' field set to '03/31/2023'; and two expandable sections for 'Provider Disaster Questions' and 'Fee Waiver Request'. At the bottom, there is an 'Attachments' section with an 'Attachment Description' label.

STEP 7: PROVIDER DISASTER QUESTIONS

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

The screenshot displays a web application interface for the Iowa EMS Example. The browser address bar shows the URL: <https://test-amanda-portal.lidph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The left sidebar contains navigation options: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is divided into several sections:

- Are you a veteran of the US Armed Forces?**: Radio buttons for Yes and No, with No selected.
- Current National Registry**:
 - Current National Registry**: A dropdown menu showing "Paramedic".
 - NREMT Number (Attach a copy of NREMT Card)**: A text input field containing "M1234567".
 - NREMT Expiration Date**: A date picker showing "03/31/2023".
- Provider Disaster Questions**:
 - Are you willing to respond to a disaster in Iowa? ***: Radio buttons for Yes and No, with Yes selected.
 - Are you willing to respond to a disaster that occurred outside of Iowa? ***: Radio buttons for Yes and No, with Yes selected.
- Fee Waiver Request**: A section for providing documentation for a fee waiver.
- Attachments**: A section for uploading documents, including an "Attachment Description" field, a table with "Items per page: 5" and "0 of 0" items, and buttons for "Add New Attachment" and "Upload Attachments".

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)

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page is titled "Provider Disaster Questions" and "Fee Waiver Request".

Provider Disaster Questions:

- Are you willing to respond to a disaster in Iowa? * Yes No
- Are you willing to respond to a disaster that occurred outside of Iowa? * Yes No

Fee Waiver Request:

- Are you applying for this license/registration/certification for the first time in Iowa? * Yes No
- Do you wish to apply for a fee waiver? * Yes No
- Is your household income less than 200% of the Federal Poverty Level? *
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: *

Attachments:

Attachment Description

Items per page: 5 0 of 0 < >

[Add New Attachment](#) [Upload Attachments](#)

[Cancel](#) [Continue](#)

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STEP 9: ATTACHMENTS (OPTIONAL)

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

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page is titled "Fee Waiver Request" and contains several questions with radio buttons and dropdown menus. Below the questions is the "Attachments" section, which includes a table with columns for "Type", "Description", and "File". The "Type" column has a dropdown menu with a red arrow pointing to it. The "Description" column has a text input field with a red arrow pointing to it. The "File" column has a "Choose File" button and a red arrow pointing to it. At the bottom of the attachments section, there are two buttons: "Add New Attachment" and "Upload Attachments". A red arrow points to the "Add New Attachment" button. The footer of the page contains copyright information: "© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | [Privacy Statement](#) | [Terms Of Use](#)" and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

The screenshot displays the Iowa Department of Public Health (IDPH) portal. On the left is a navigation menu with the 'iowa.gov' logo and links for Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is titled 'Fee Waiver Request' and contains the following form fields:

- Are you applying for this license/registration/certification for the first time in Iowa? * (Radio buttons: Yes, No)
- Do you wish to apply for a fee waiver? * (Radio buttons: Yes, No)
- Is your household income less than 200% of the Federal Poverty Level? * (Dropdown menu: Not Applicable: Not requesting fee waiver)
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * (Dropdown menu: Not Applicable: Not requesting fee waiver)

Below the form is the 'Attachments' section, which includes an 'Attachment Description' table. The table has one entry: 'Court Document' with a 'View' button. Below the table is a file selection interface with a dropdown menu showing 'Proof of Certification' selected. The interface includes a 'Choose File' button, a 'No file chosen' message, and a 'File is required' error message. There are also 'Add New Attachment' and 'Upload Attachments' buttons. At the bottom of the page, there is a copyright notice: '© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | Privacy Statement | Terms Of Use' and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

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

Fee Waiver Request

Are you applying for this license/registration/certification for the first time in Iowa? * : Yes No

Do you wish to apply for a fee waiver? * : Yes No

Is your household income less than 200% of the Federal Poverty Level? * : Not Applicable: Not requesting fee waiver

I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * : Not Applicable: Not requesting fee waiver

Attachments

Attachment Description

Court Document [View](#)

Items per page: 5 1 - 1 of 1

Type	Description	File
Type * Proof of Certification	Description * NREMT	Choose File NREMT.docx

[Add New Attachment](#) [Upload Attachments](#)

[Cancel](#) [Continue](#)

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NOTE: If you attach a document in error, it cannot be removed by you. 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 CONTINUE.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is titled 'Fee Waiver Request' and contains several questions with radio button options:

- Are you willing to respond to a disaster that occurred outside of Iowa? : Yes No
- Are you applying for this license/registration/certification for the first time in Iowa? * : Yes No
- Do you wish to apply for a fee waiver? * : Yes No
- Is your household income less than 200% of the Federal Poverty Level? * : Not Applicable: Not requesting fee waiver
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * : Not Applicable: Not requesting fee waiver

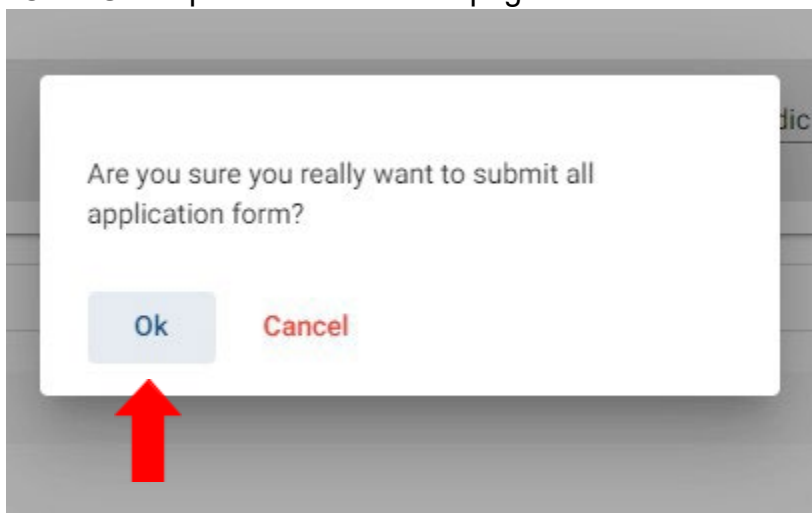
Below the questions is an 'Attachments' section with a table:

Attachment Description	
Court Document	View
NREMT	View

At the bottom of the form, there are two buttons: 'Cancel' and 'Continue'. A red arrow points to the 'Continue' button. The footer of the page includes copyright information: © Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | [Privacy Statement](#) [Terms Of Use](#) and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

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**.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-terms>. The page header includes the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS Emergency Medical Services Providers". A left sidebar contains navigation links: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is titled "Terms and Conditions" and contains the following text:

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 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.

A red arrow points to the checked checkbox. To the right of the checkbox is a blue "Continue" button, with another red arrow pointing to it.

At the bottom of the page, there is a copyright notice: "© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | [Privacy Statement](#) | [Terms Of Use](#)" and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

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 Details 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.)

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment>. The page header includes the Iowa.gov logo and navigation links for Services, Agencies, and Social. The main content area is titled "IDPH REGULATORY PROGRAMS" and lists "Radiological Health", "Emergency Medical Services", and "Environmental Health". The "Make Payment" section contains the following text:

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.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
383244	EMS Provider	Paramedic	New	EMSI Background check fee	\$50.00	No
383244	EMS Provider	Paramedic	New	PARA Initial Fee	\$30.00	No

Summary: Fee Amount: \$80.00, Paid Amount: \$00.00, Fee Due: \$80.00

Buttons: **Pay Later**, **Pay Now** (highlighted with a red arrow)

Payment Later Options: [Dropdown menu]

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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.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment-now>. The page header features the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS" with sub-sections: "Radiological Health", "Emergency Medical Services", and "Environmental Health". A left-hand navigation menu includes links for "Home", "Public Search", "My Profile", "New Company Registration", "My Programs", "Apply for a Program", "Sign Off", and "Help". The main content area is titled "Make Payment" and contains the following text:

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.

Fee Details

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
383244	Emergency Medical Services (EMS)	\$80.00	No

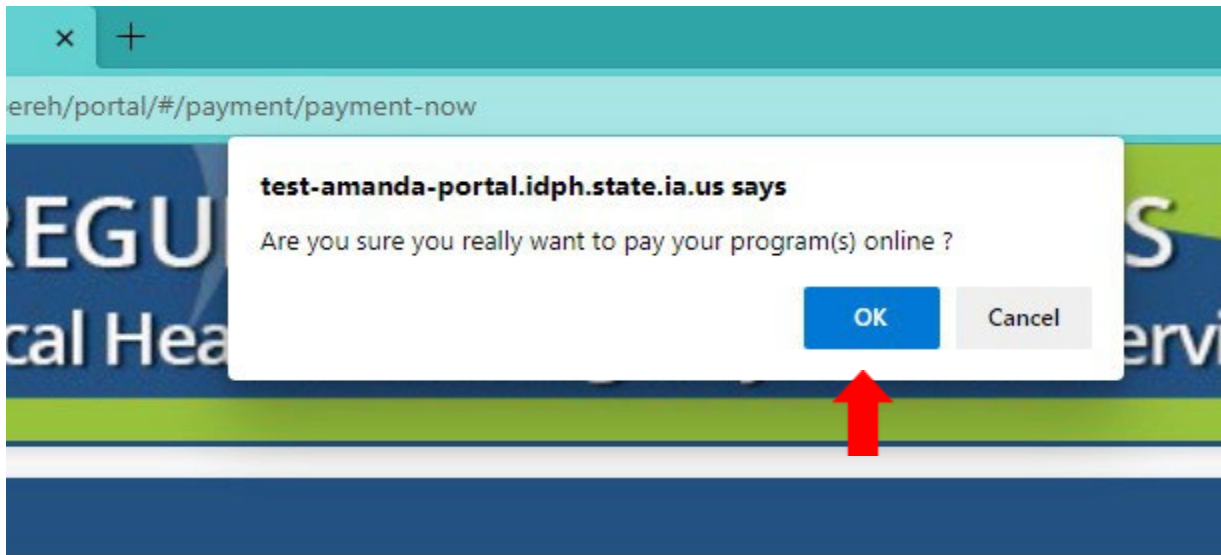
Summary: **Fee Amount:** \$80.00 **Paid Amount:** \$00.00 **Fee Due:** \$80.00

Buttons: **Pay Later** **Pay Now** (indicated by a red arrow)

Footer: © Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | [Privacy Statement](#) | [Terms Of Use](#) Social media icons for Facebook, Twitter, LinkedIn, and YouTube.

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 ema.ema@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 ema.ema@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 ema.ema@mail.com

Continue [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.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment>. The page header includes the Iowa.gov logo and navigation links for Services, Agencies, and Social. The main header reads "IDPH REGULATORY PROGRAMS" with sub-sections for Radiological Health, Emergency Medical Services, and Environmental Health. The left sidebar contains a user profile for "EMS Example" and a menu with items: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. A red arrow points to the "Apply for a Program" link. The main content area is titled "Make Payment" and contains the following text: "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." Below this is a note: "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." A box below the note states "There are no Fees to Pay." The footer includes copyright information for 2016, contact information (855-824-4357), and links to Privacy Statement and Terms Of Use, along with social media icons for Facebook, Twitter, LinkedIn, and YouTube.

STEP 12: ADDITIONAL REQUIREMENTS

1. **BACKGROUND CHECK:** Once you have completed setting up your AMANDA account, you will need to complete your background check. Please refer to the Fieldprint Iowa Scheduling Aid: <https://hhs.iowa.gov/media/13424/download?inline>
2. **NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT):** 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.