



## INSTRUCTIONS TO APPLY FOR IOWA EMS CERTIFICATION

An individual who has a current certification with the National Registry of Emergency Medical Technicians (NREMT, website nremt.org) is eligible for initial Iowa EMS certification. The instructions below are for individuals who are participating in an Iowa Authorized EMS Training Program as part of the process in obtaining current certification with the NREMT, or those individuals who already have a current certification with the NREMT.

Use the following link to access the online licensing system:

<https://amanda-portal.idph.state.ia.us/adperh/portal/#/dashboards/index>

**NOTE:** You must use either **Google Chrome** or **Microsoft Edge** when applying online.

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 515-631-0100 or [iowaHHSbemts@hhs.iowa.gov](mailto:iowaHHSbemts@hhs.iowa.gov).

# STEP 1: NEW USER REGISTRATION & SIGN IN

If you have never created an account for AMANDA or any other secured site managed by the state of Iowa, you will need create an account id by selecting **New User Registration**. You will be taken to a Create an Account page. Follow the prompts to create your account id and password to utilize AMANDA.

For assistance with finding a username or resetting a password, contact the Department of Management Information Technology Help Desk: 515-281-5703 or 1-800-532-1174.

WELCOME TO THE ONLINE LICENSING SERVICES SITE FOR PROGRAMS WITHIN:  
DIAL BUREAU OF ENV. HEALTH AND CONTRACTOR (PMSB, LEAD, TATTOO, BACKFLOW, POOLS & TANNING)  
HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES  
HHS BUREAU OF RADIOLOGICAL HEALTH

[Public Search](#)   [New User Registration](#)   [Existing Users Sign-In](#)

For additional information, instructions and rules, follow the link below to the appropriate bureau page.

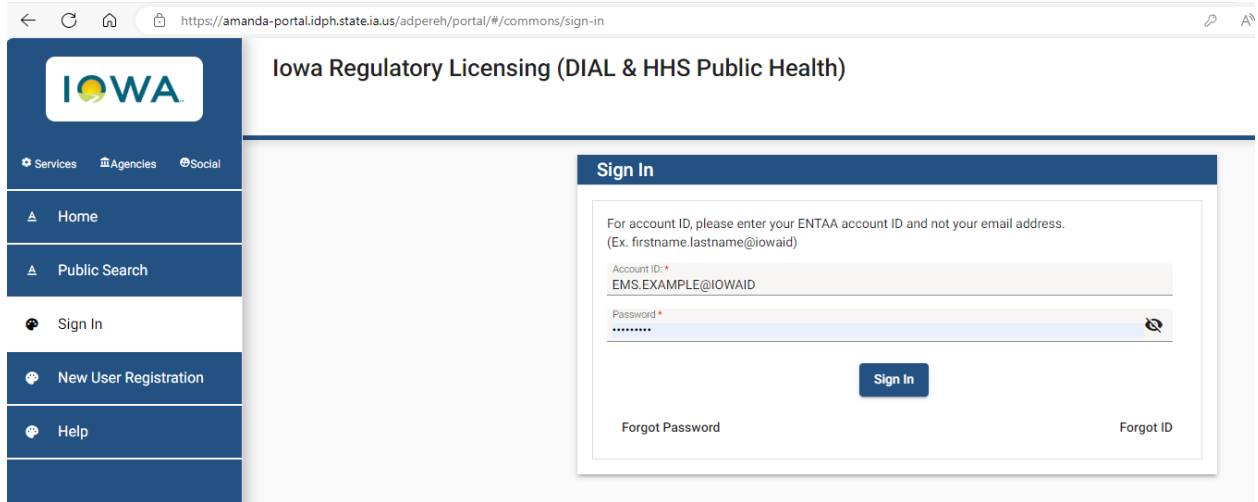
**DIAL BUREAU OF ENV. HEALTH AND CONTRACTOR**  
Programs include Backflow, Lead, Plumbing & Mechanical, Swimming Pools & Spas, Tattoo & Tanning.  
For the above program specific issues contact @ (515)281-3425-option 7-option 2-option 1-option 4

**HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES**  
Programs include EMS Provider, EMS Service.  
For the above program specific issues contact @ (515)281-0620 or email to [lowaHHSbermets@hhs.iowa.gov](mailto:lowaHHSbermets@hhs.iowa.gov)

**HHS BUREAU OF RADIOLOGICAL HEALTH**  
Programs include Radiation Machines, Radioactive Materials, Permits to Practice, Radon, Mammography.  
For the above program specific issues contact @ (515)242-5566 or email to [radhealthinfo@hhs.iowa.gov](mailto:radhealthinfo@hhs.iowa.gov)

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After creating your user id and password, **Sign In** on the portal if you are not already signed in.

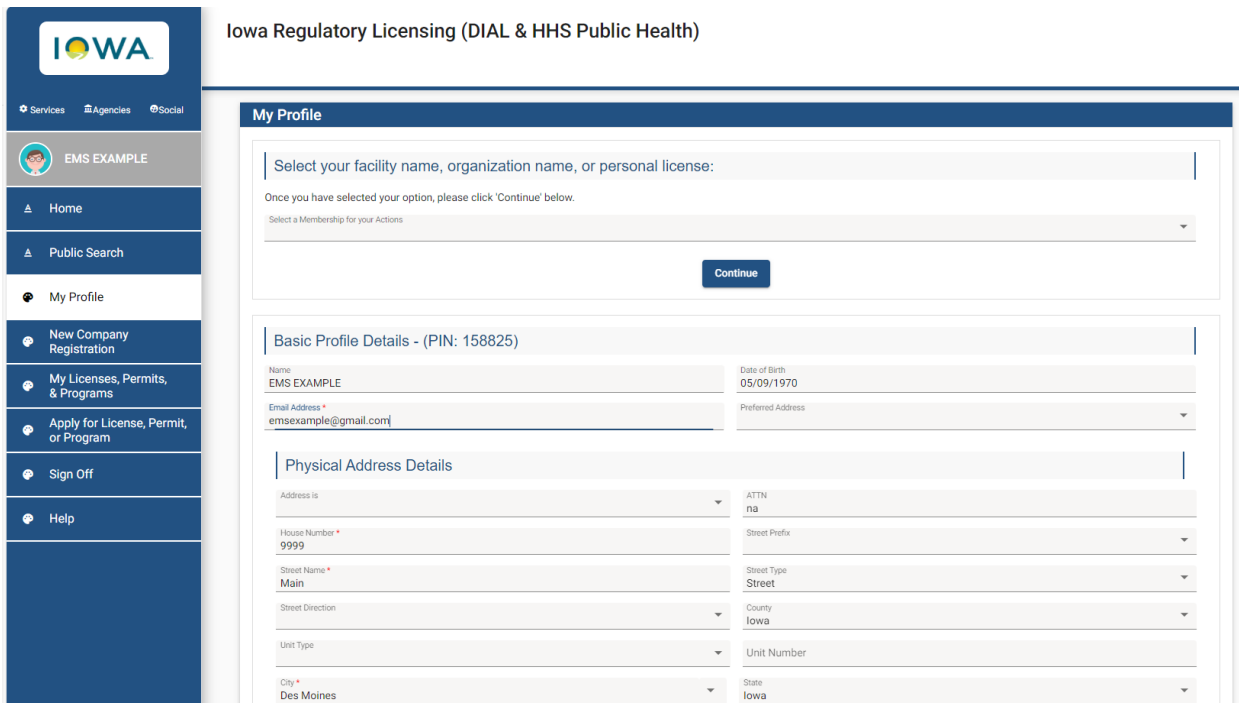


After signing in, you will be taken to the **My Profile** page.

**PLEASE NOTE: YOU WILL NEED YOUR PIN IN ORDER TO SCHEDULE YOUR FINGERPRINTING WITH FIELDPRINT FOR YOUR BACKGROUND CHECK, THIS IS A GOOD TIME TO RECORD YOUR PIN WHICH IN PARENTHESES NEXT TO “BASIC PROFILE DETAILS” ABOVE YOUR NAME.**

**More information on Fieldprint can be found on the Bureau’s web page [Emergency Medical Services | Health & Human Services](#). Or you can find a copy of the Fieldprint Scheduling Aid starting on **page 29**.**

Click **Continue** or click **Apply for License, Permit, or Program**.



Iowa Regulatory Licensing (DIAL & HHS Public Health)

**My Profile**

Select your facility name, organization name, or personal license:

Once you have selected your option, please click 'Continue' below.

Select a Membership for your Actions

**Continue**

**Basic Profile Details - (PIN: 158825)**

Name EMS EXAMPLE	Date of Birth 05/09/1970
Email Address * emsexample@gmail.com	Preferred Address

**Physical Address Details**

Address is	ATTN na
House Number * 9999	Street Prefix
Street Name * Main	Street Type Street
Street Direction	County Iowa
Unit Type	Unit Number
City * Des Moines	State Iowa

**City \***  
Des Moines

**State**  
Iowa

**Country**

**Zip Code \***  
50000

**Phone 1 \***  
5152426493

**Phone 1 Type \***  
Work

**Phone 2**

**Phone 2 Type**

[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 Iowa Regulatory Licensing (DIAL & HHS Public Health) 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://djbh.iowa.gov/adberch/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.

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

Iowa Regulatory Licensing (DIAL & HHS Public Health)

**My Licenses, Permits, & Programs: EMS EXAMPLE**

Programs for EMS EXAMPLE

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
Items per page: 5 0 of 0 < >									

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.

## STEP 2: APPLY FOR LICENSE, PERMIT, OR PROGRAM

To apply for an EMS provider certification, click on **Apply for License, Permit, or Program**.

On the **Apply for License, Permit, or 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**.

The screenshot shows a web browser window with the URL <https://amanda-portal.lidph.state.ia.us/adpereh/portal/#/programs/apply-for-program>. The page title is "Iowa Regulatory Licensing (DIAL & HHS Public Health)". The main content area is titled "Apply for License, Permit, or Program". It features a search bar with the text "Apply for License, Permit, or Program". Below the search bar are two dropdown menus: "Program" with "EMS Provider" selected, and "Program Detail" with "Paramedic" selected. At the bottom of the form are two buttons: "Cancel" (red) and "Continue" (blue). Below the form, there is a note: "For additional assistance, please click on the link below for specific Public Health's regulatory website." followed by three links: [DIAL LICENSE, PERMITS & REGISTRATIONS](#), [HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES](#), and [HHS BUREAU OF RADIOLOGICAL HEALTH](#). The left sidebar contains the Iowa logo and a navigation menu with items: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help.

A pop-up message will appear. Click **OK** to continue with the application.

The screenshot shows a web browser window with the URL <https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/apply-for-program>. The page title is "Iowa Regulatory Licensing (DIAL & HHS Public Health)". The main content area is titled "Apply for License, Permit, or Program". It displays the following information:

- Program: EMS Provider
- Program Detail: Paramedic

Below this information are two buttons: "Cancel" (red) and "Continue" (blue). A white pop-up message box is overlaid on the page, containing the text "Are you sure you really want to apply for this program?" and two buttons: "Ok" (light blue) and "Cancel" (red). The background of the page is dimmed.

The left sidebar contains the following navigation items:

- Services
- Agencies
- Social
- EMS EXAMPLE (with a profile icon)
- Home
- Public Search
- My Profile
- New Company Registration
- My Licenses, Permits, & Programs
- Apply for License, Permit, or Program (highlighted)
- Sign Off
- Help

At the bottom of the page, there are three links:

- [DIAL LICENSE, PERMITS & REGISTRATIONS](#)
- [HHS BUREAU OF EMERGENCY MEDICAL AND](#)
- [HHS BUREAU OF RADIOLOGICAL HEALTH](#)

# STEP 3: APPLICATION FORM

## Preview

The next 4 (four) screenshots show all the Application Form sections and questions.

The screenshot shows a web browser window with the URL <https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page title is "Iowa Regulatory Licensing (DIAL & HHS Public Health)".

The left sidebar contains the Iowa logo and a navigation menu with the following items: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help.

The main content area is titled "Application Form" and contains the following sections:

- EMS Provider - Paramedic**
- 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. :



https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

**IOWA**  
Services Agencies Social

EMS EXAMPLE

- Home
- Public Search
- My Profile
- New Company Registration
- My Licenses, Permits, & Programs
- Apply for License, Permit, or Program
- Sign Off
- Help

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. :

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**

Gender \* : \_\_\_\_\_

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

https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

**IOWA**  
Services Agencies Social

EMS EXAMPLE

- Home
- Public Search
- My Profile
- New Company Registration
- My Licenses, Permits, & Programs
- Apply for License, Permit, or Program
- Sign Off
- Help

**Personal Information**

Gender \* : \_\_\_\_\_

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

**Current National Registry**

Current National Registry : \_\_\_\_\_

NREMT Number (Attach a copy of NREMT Card) : \_\_\_\_\_

NREMT Expiration Date : mm/dd/yyyy

**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

The screenshot displays the IOWA EMS application form. On the left is a navigation menu with the IOWA logo and links for Services, Agencies, Social, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help. The main content area is divided into three sections:

- Provider Disaster Questions:**
  - Are you willing to respond to a disaster in Iowa? \* (Radio buttons for Yes and No)
  - Are you willing to respond to a disaster that occurred outside of Iowa? \* (Radio buttons for Yes and No)
- Fee Waiver Request:**
  - Are you applying for this license/registration/certification for the first time in Iowa? \* (Radio buttons for Yes and No, with No selected)
  - Do you wish to apply for a fee waiver? \* (Radio buttons for Yes and No, with No selected)
  - Is your household income less than 200% of the Federal Poverty Level? \* (Dropdown menu showing "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 showing "Not Applicable: Not requesting fee waiver")
- Attachments:**
  - Instructions: 1. To add an attachment, click 'Add New Attachment.' Please ensure your filename does not include any periods or symbols. 2. Fill in details of your attachment and choose a file to upload. 3. Click 'Upload Attachments' to upload your file.
  - Attachment Description: A large text input field.
  - Navigation: Items per page: 5, 0 of 0, < > buttons.
  - Buttons: Add New Attachment, Upload Attachments.

At the bottom of the form are Cancel and Continue buttons.

## STEP 4: APPLICATION FORM Affirmation

All questions in this section are required and must be answered. If you answer Yes to any of these questions, provide a brief description of all relevant information into the text box provided below. You may need to provide additional details in an attachment. (See STEP 9: ATTACHMENTS).

You can also reference **EMS Application Affirmation Question Guidance** starting on **page 24**.

https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

**IOWA** Iowa Regulatory Licensing (DIAL & HHS Public Health)

Services Agencies Social

EMS EXAMPLE

- Home
- Public Search
- My Profile
- New Company Registration
- My Licenses, Permits, & Programs
- Apply for License, Permit, or Program
- Sign Off
- Help

### Application Form

EMS Provider - Paramedic

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.

https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

**IOWA** Iowa Regulatory Licensing (DIAL & HHS Public Health)

Services Agencies Social

EMS EXAMPLE

- Home
- Public Search
- My Profile
- New Company Registration
- My Licenses, Permits, & Programs
- Apply for License, Permit, or Program
- Sign Off
- Help

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

# STEP 5: APPLICATION FORM

## Personal Information

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

The screenshot shows the IOWA application form interface. On the left is a navigation sidebar with the IOWA logo and menu items: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help. The main content area contains three questions with radio button options and text input fields:

- Question 1: "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?\*" with options Yes and No (selected). Below is a text input field for details.
- Question 2: "Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?\*" with options Yes and No (selected). Below is a text input field for details.
- Question 3: "Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?\*" with options Yes and No (selected). Below is a text input field for details.

The "Personal Information" section includes a "Gender\*" dropdown menu with options: Female (selected), Male, and Other. Below this is the question "Are you a veteran of the US Armed Forces?". At the bottom, the "Current National Registry" section is partially visible.

## STEP 6: APPLICATION FORM Current National Registry

If you are or have been an EMS student in an Iowa Authorized EMS Training Program, you may not have obtained your National Registry of Emergency Medical Technicians (NREMT) and are working toward meeting the NREMT 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 all three fields below and it is recommended that you attach a copy of your NREMT in "Attachments." (See STEP 9: ATTACHMENTS)

NREMT Number format is one of 4 (four) letters followed by 7 (seven) numbers specific to your certification.

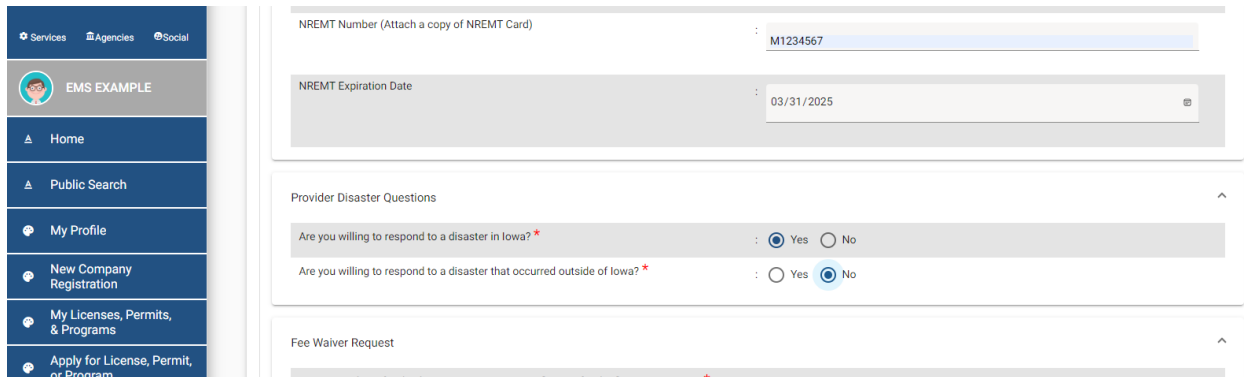
R = EMR level; E = EMT level; A = AEMT level; and M = Paramedic

The screenshot shows a web browser window with the URL <https://amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a blue sidebar with the IOWA logo and navigation links: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, and Apply for License, Permit, etc. The main content area contains a form with the following fields:

- Gender: Female (dropdown menu)
- Are you a veteran of the US Armed Forces?:  Yes  No
- Current National Registry: Paramedic (dropdown menu)
- NREMT Number (Attach a copy of NREMT Card): M1234567
- NREMT Expiration Date: 03/31/2025
- Provider Disaster Questions (dropdown menu)

## STEP 7: APPLICATION FORM Provider Disaster Questions

The two questions in this section are required and you must select either “Yes” or “No.”



The screenshot shows a web application interface. On the left is a navigation menu with items: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, and Apply for License, Permit, or Program. The main content area shows the following fields:

- NREMT Number (Attach a copy of NREMT Card) : M1234567
- NREMT Expiration Date : 03/31/2025
- Provider Disaster Questions (expanded section):
  - 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 (collapsed section)

## STEP 8: APPLICATION FORM Fee Waiver Request

The questions in this section are required to answer. You may be eligible to waive the initial application fee. To be eligible for the waiver of the initial application fee, 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 mark out any sensitive information not pertaining to eligibility information (examples of what you may mark 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 displays a web application interface for Iowa EMS. On the left is a dark blue sidebar with the IOWA logo and navigation links: Services, Agencies, Social, EMS EXAMPLE, Home, Public Search, My Profile, New Company Registration, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help.

The main content area is titled "Fee Waiver Request" and contains the following questions and options:

- 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 this is the "Attachments" section, which includes instructions:

- To add an attachment, click "Add New Attachment." Please ensure your filename does not include any periods or symbols.
- Fill in details of your attachment and choose a file to upload.
- Click "Upload Attachments" to upload your file.

The "Attachment Description" table is currently empty. It has columns for Type, Description, and File. The "File" column shows a "Choose File" button and the text "No file chosen".

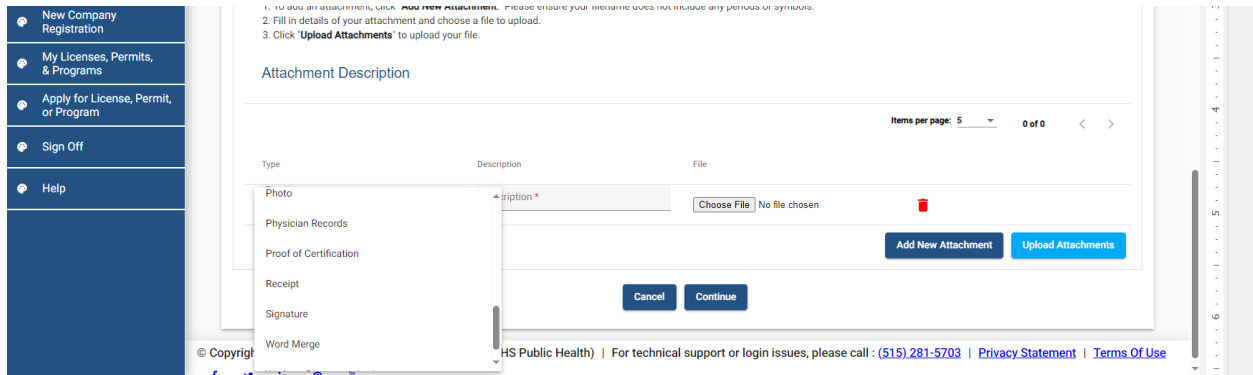
At the bottom of the attachments section are two buttons: "Add New Attachment" and "Upload Attachments".

At the very bottom of the form are "Cancel" and "Continue" buttons.

## STEP 9: ATTACHMENTS (OPTIONAL)

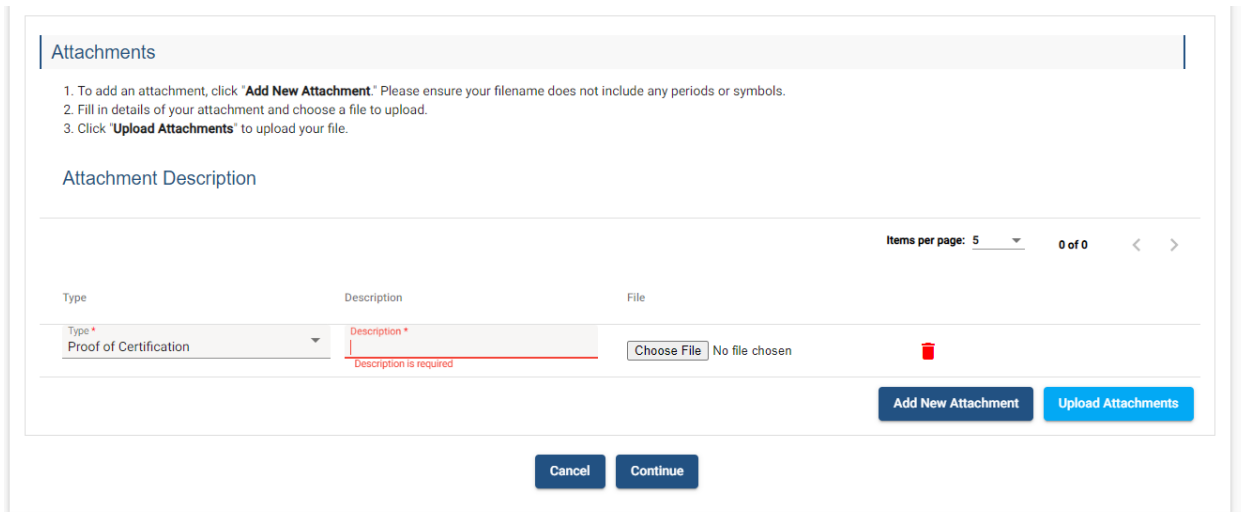
Click the **Add New Attachment** button at the very end of the application form.

Click in the **Type** field for the drop-down menu. Select the type of attachment.



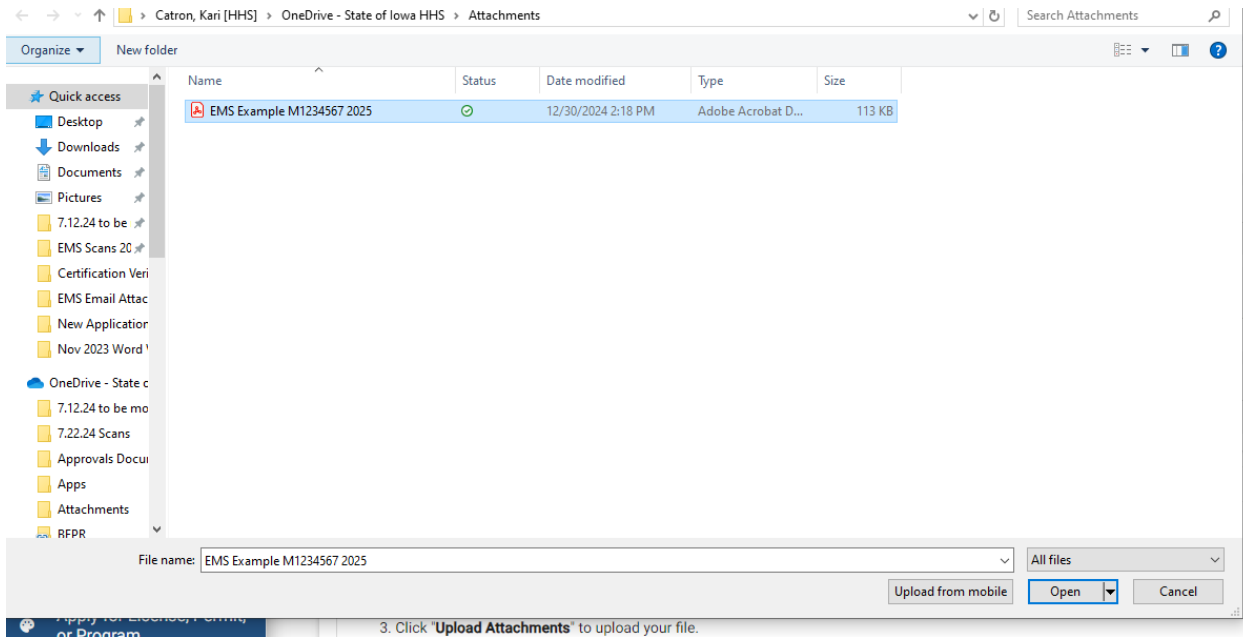
The screenshot shows the 'Attachment Description' form. A dropdown menu is open over the 'Type' field, listing options: Photo, Physician Records, Proof of Certification, Receipt, Signature, and Word Merge. The 'Description' field is empty and has a red asterisk. The 'File' field has a 'Choose File' button and the text 'No file chosen'. At the bottom, there are 'Add New Attachment' and 'Upload Attachments' buttons, and 'Cancel' and 'Continue' buttons. The page footer includes '© Copyright' and 'HS Public Health | For technical support or login issues, please call : (515) 281-5703 | Privacy Statement | Terms Of Use'.

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

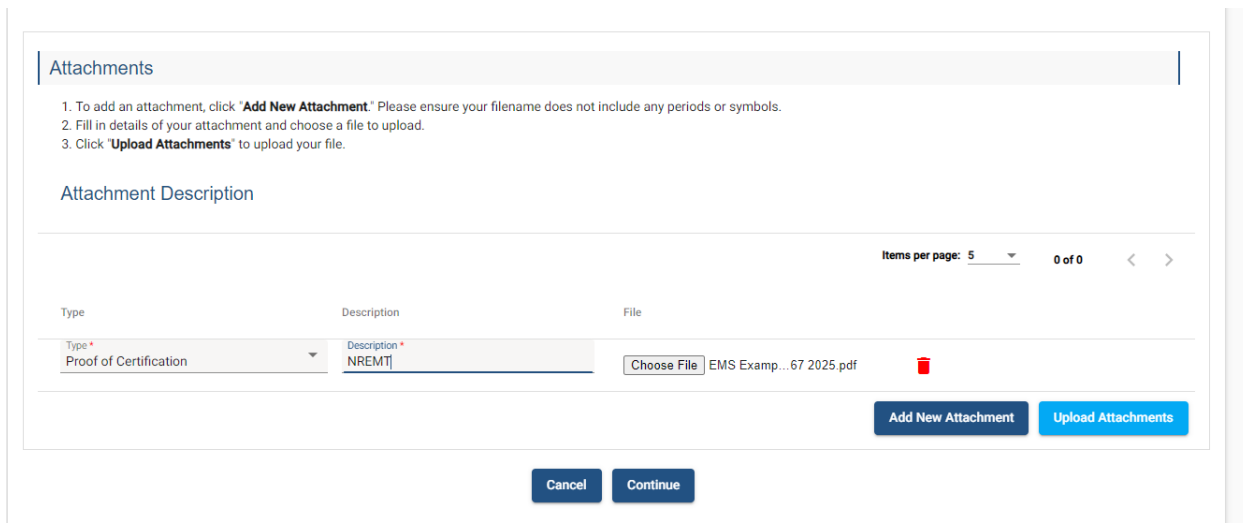


The screenshot shows the 'Attachment Description' form with the 'Type' dropdown set to 'Proof of Certification'. The 'Description' field is empty and has a red asterisk and the text 'Description is required' below it. The 'File' field has a 'Choose File' button and the text 'No file chosen'. At the bottom, there are 'Add New Attachment' and 'Upload Attachments' buttons, and 'Cancel' and 'Continue' buttons.





Click **Upload Attachments**.



### Attachments

1. To add an attachment, click **"Add New Attachment."** Please ensure your filename does not include any periods or symbols.
2. Fill in details of your attachment and choose a file to upload.
3. Click **"Upload Attachments"** to upload your file.

Attachment Description

NREMT	<a href="#">View</a>
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Items per page: 5 1 - 1 of 1 < >

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

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

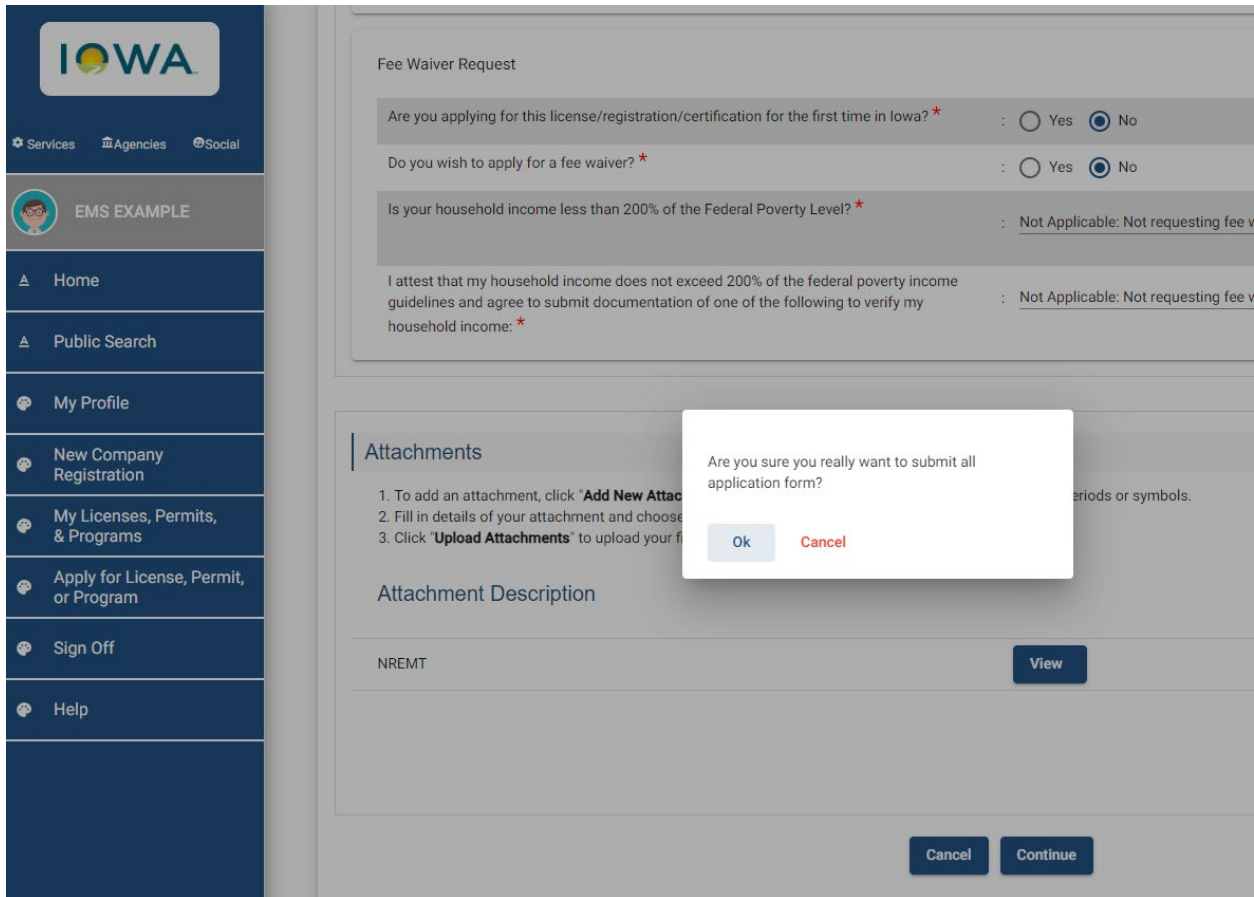
**NOTE:** If you attach a document in error, it cannot be removed by you. You will need to contact the EMS Program staff to have it removed.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete when you select "Edit" instead of Renew.

**IF YOU CLICK CANCEL** – this will void your entire application, and you will need to start over again.

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**.

Iowa Regulatory Licensing (DIAL & HHS Public Health)

**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](#)

Iowa Regulatory Licensing (DIAL & HHS Public Health)

**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](#)

## STEP 11: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay.

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.

When you are ready to pay, you will need to go to the AMANDA portal and sign in your account ID and password. Click Details next to your renewal application to view your application and add additional attachments. Click **Make a Payment** and follow the steps. (**Note:** your application is not considered submitted until payment is made.)

Iowa Regulatory Licensing (DIAL & HHS Public Health)

### 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.

**Mail your check to:**  
Iowa Department of Health and Human Services  
ATTN: EMS Provider (Include Permit# or below Reference#)  
321 E. 12th St.  
Des Moines, IA 50319

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
471422	EMS Provider	Paramedic	New	PARA Initial Fee	\$30.00	No
				<b>Fee Amount:</b>	\$30.00	
				<b>Paid Amount:</b>	\$00.00	
				<b>Fee Due:</b>	\$30.00	

[Pay Later](#) [Pay Now](#)

Payment Later Options ▼

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

Iowa Regulatory Licensing (DIAL & HHS Public Health)

**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.

**Mail your check to:**  
**Iowa Department of Health and Human Services**  
**ATTN: EMS Provider (Include Permit# or below Reference#)**  
**321 E. 12th St.**  
**Des Moines, IA 50319**

**Fee Details**

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
471422	Emergency Medical Services (EMS)	\$30.00	No
		<b>Fee Amount: \$30.00</b>	<b>Paid Amount: \$00.00</b>
			<b>Fee Due: \$30.00</b>

[Pay Now](#)

You will be taken to a different site to make the payment. Follow the prompts here to complete the payment. Make sure to record your confirmation number.

Iowa Government Online

*Iowa*

Electronic Payment Solutions

**Make a Payment**

My Payment

**IDPH Licensing and Regulatory Programs**

**Amount Due** \$25.00

Payment Information

**Frequency** One Time

**Payment Amount** \$25.00

**Payment Date** Pay Now

Contact Information

**First Name** EMS

**Last Name** EXAMPLE

## STEP 12: ADDITIONAL REQUIREMENTS FOR EMS NEW CERTIFICATION

1. **BACKGROUND CHECK:** A background check is required for initial Iowa EMS certification. It is also required if apply for a new level (example, you have a current EMT and you are seeking certification as a paramedic.) If you have not already done so you will need to schedule a time for fingerprinting with Fieldprint. Here is the Fieldprint Iowa Website [Fieldprint® Iowa](#). Here is the website for out-of-state applicants [Fieldprint](#). You can find the Fieldprint Iowa Scheduling Aid Document on the Iowa HHS Emergency Medical and Trauma Services website [Emergency Medical Services & Trauma | Health & Human Services](#). Be sure to have your AMANDA PIN when you schedule your fingerprinting session with Fieldprint.

After you have completed your fingerprinting session, the background check results will be sent directly to the Bureau for review and update of your application information. It can take up to 8 weeks for the Bureau to receive the results.

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

## EMS Application Affirmation Questions Guidance

The following information has been established to provide consistent guidance to EMS applicants when completing an EMS renewal application as required by the Bureau.

Specific questions regarding potential background disqualifiers, or how a prior criminal offense or conviction may affect an EMS applicant's ability to obtain Iowa EMS certification, should be directed to Travis Clark, Bureau of Emergency Medical and Trauma Services Compliance Officer at (515) 322-6161 or [travis.clark@hhs.iowa.gov](mailto:travis.clark@hhs.iowa.gov).

**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.**

### Guidance

- This question does **NOT** require a student to disclose acute or chronic medical conditions which will not impede the individual from performing the duties of an EMS clinician. The intent of this question is to determine if there is a specific medical condition, as diagnosed by a physician, which will *impair or limit* the ability of the individual to provide EMS care. As an example, if the student has migraine headaches they would only need to disclose this information if it will in some way impair or limit their ability to provide EMS care. Corrected vision, asthma, do NOT need to be disclosed.

**1.1: If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.**

- If the student answers "yes" to the previous question the EMS student application will not be processed until a letter from a physician is received, reviewed and approved by



the Department or the Department's medical director indicating the identified medical condition will not impair or limit the ability of the EMS clinician to provide patient care.

**2: Have you, within the past five years, engaged in the illegal or improper use of drugs or other chemical substances?**

Guidance

- This question addresses the illegal or improper use of any drug or chemical substance. Illegal or improper use means the use of any drug or substance which is prohibited by state or federal law from use, possession or manufacture without a valid prescription. Additionally, improper use includes the excessive use, or use in consistent with the direction, of prescribed medications prescribed to yourself or to another.

**2.1: If yes, provide a statement and copy of relevant documentation including records from a physician or treatment program.**

- If the student answers "yes" to the previous question the EMS student application will not be processed until a documentation surrounding the incident is received, reviewed and approved by the Department or the Department's medical director indicating the previous or current usage will not impair or limit the ability of the EMS clinician to provide patient care. An EMS student applicant may be required to submit to a substance abuse evaluation, at the student's cost, prior to becoming eligible for Iowa certification.

**3: 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 judgement of conviction for each offense.***

#### Guidance

- This question should include criminal charges or traffic offenses, including an incident which has been expunged or deferred, which exceed the referenced fine amount of **\$250**. Arrests for public intoxication, driving while barred, theft or similar criminal offenses would be reportable. A speeding ticket, failure to yield, parking ticket, or other common traffic offense need not generally be disclosed. For the purpose of this question a “fine” is to be considered under \$250 if the *total* amount of the citation, including court costs and surcharge, is equal to or less than \$250.

***3.1: If yes, include the date, location, charging orders, court disposition and current status (i.e. probation) for each charge.***

- If the student answers “yes” to the previous question **an in-depth explanation which provides details of the incident is required**. Simply stating “yes”, “deferred”, “theft” or “2005 in Dubuque” is not a sufficient response. Additionally, the documents which should be submitted are able to be retrieved from the clerk of court in the county where the offense occurred, an attorney used during the incident or from the arresting or charging law enforcement agency. A printed copy of documents from Iowa Courts Online summary is insufficient.

***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?***

#### Guidance

- This question is soliciting information regarding a **professional license issued by a licensing board or body**, not a driver's license, driver's permit or vehicle registration. Some examples of a professional license would be an EMS license, a nursing license, an electrician's license, plumbing license, or a medical license.

**4.1: If yes, include the date, location, reason and resolution.**

- A "yes" answer to the previous question should involve submission of any documentation or sanctions issued by the respective licensing board and any documentation from any incident leading to the action taken by the respective licensing board or body.

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

#### Guidance

- This question requires an answer if you were a defendant in a professional liability case. An example of this would be if you were named as a defendant in a lawsuit in which you hold, or held, a **professional license** (see 4 above). This question does not apply to being party to a divorce or other civil proceeding in which you were a named party.

**5.1: If yes, include the date, location, reason and resolution.**

- A "yes" answer to the previous question should involve submission of any documentation from the respective licensing board or body, as well as any court or mediator involved with the incident.

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

## Guidance

- This question is soliciting information regarding a professional license issued by a licensing board or body, not a driver's license, driver's permit or vehicle registration. Some examples of a professional license would be an EMS license, a nursing license, an electrician's license, plumbing license, or a medical license.

### **6.1: *If yes, provide a description of the circumstances.***

- A "yes" answer to the previous question should involve submission of any documentation or sanctions issued by the respective licensing board and any documentation from any incident leading to the action taken by the respective licensing board or body.



### **Fieldprint Iowa Scheduling Aid**

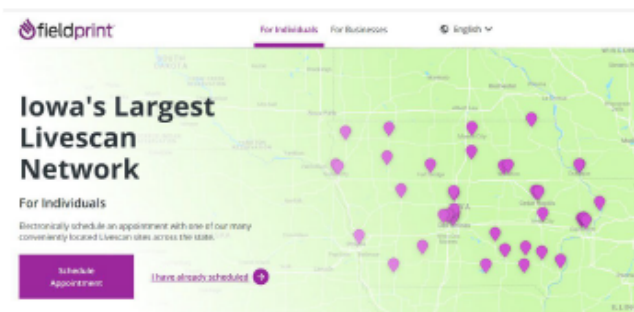
**You must set up your AMANDA account before applying for your BACKGROUND CHECK. You will need to provide the PIN provided to you in your AMANDA account. Guidance for setting up your AMANDA account can be found at:**

<https://hhs.iowa.gov/media/10706/download?inline=>

**Once you have set up your AMANDA account, you can complete your background check.**

To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit [www.fieldprintiowa.com](http://www.fieldprintiowa.com)
2. Click on the “Schedule an Appointment” button.



3. Select “Sign Up” to create an account as a New User.



4. Select “I agree” on the Consent Agreement.

#### **E-SIGN Act Disclosure and Consent (“Consent Agreement”)**

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act (“E-Sign Act”), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or obtaining legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.



5. Fill out the required fields to create an account, select 3 security questions from the drop-down menu, and type in the answers. Then click “Continue.”

**Create Account**

Please fill in the following fields to create an account.

Email\*

Username\*

Password\*

Confirm Password\*

First Name\*

Last Name\*

Mobile Phone Number

**Security Questions**

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1\*

Answer 1\*

Security Question 2\*

Answer 2\*

Security Question 3\*

Answer 3\*

[Back](#) [Continue](#)

6. You will be sent a “Fieldprint Account Verification” email that contains an 8 digit code that must be entered on the “Verify Account” page. After entering the Verification Code select “Complete Registration”.

**Verify Account**

An email has been sent to your provided email address. The subject of the email will be “Fieldprint Account Verification” and will arrive from email sender with@fieldprint.com.

Please follow the directions in the email to continue creating your account. You may need to check your Junk or Spam folder.

Please do not close your browser.  
If your browsing session closes, please log back in using your username and password and enter the 8-digit Verification Code emailed to you at the email address provided during account creation. This Verification Code will expire after 30 minutes.

Verification Code\*

[Didn't receive an email? Click here to resend email.](#)

[Complete Registration](#)

7. Log in with your Username and Password.

Your account has been verified.  
You have successfully verified your account, please log in.

**Log In**

Username

Password

[Back](#) [Login](#)

[Forgot username?](#) [Forgot password?](#)



- Type in the answer to your pre-selected security question and click “Continue”.
- Enter the Fieldprint code given to you by your employer/service provider then select “Continue”.

The code for Iowa EMS is: **FPBEMTS**

**Reason**

A Fieldprint code is required to continue. If you don't have a Fieldprint code, please contact the employer or organization that sent you to this website.

Fieldprint Code\*

Continue

- Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
- At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
- Please contact the Fieldprint Customer Service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) should you have any questions or problems.

**THE FIELD PRINT CODE FOR  
BEMTS IS:**

**FPBEMTS**