

INSTRUCTIONS TO APPLY FOR EMS PROVIDER CERTIFICATION RENEWAL

Use the following link to access the online licensing system:

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

For assistance with finding a username or resetting a password, contact the 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.

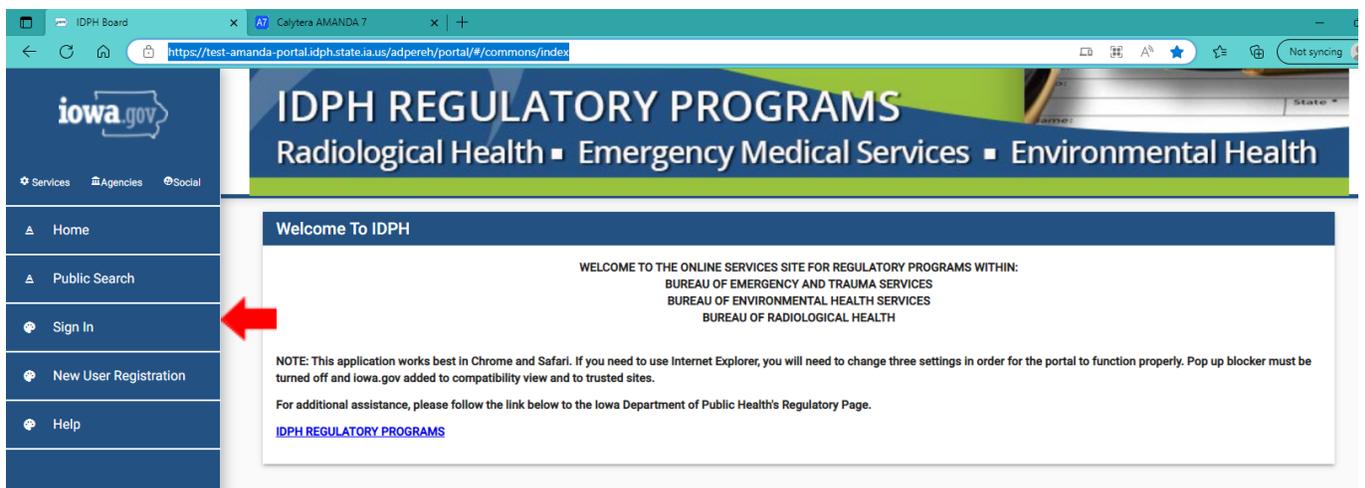
NOTE: You must use either **Google Chrome** or **Microsoft Edge** when applying online.

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

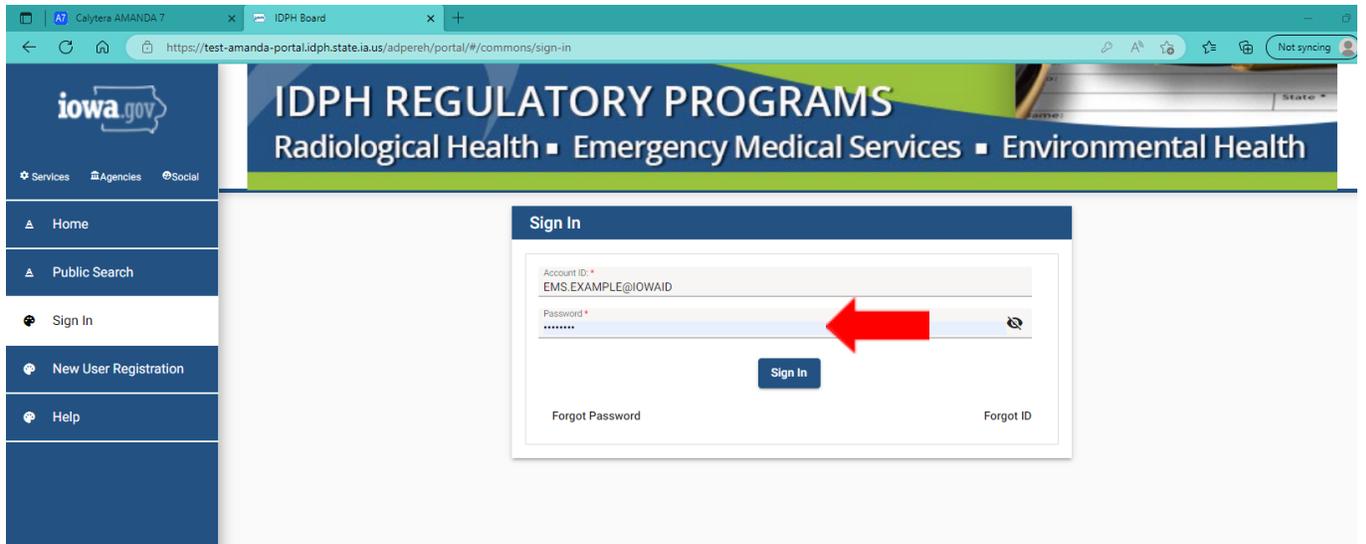
If you need assistance with questions in the application after reviewing these instructions, contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-281-0620

STEP 1: SIGN IN

Sign In on the portal if you are not already signed in.



The screenshot shows a web browser window displaying the IDPH Regulatory Programs website. The browser's address bar shows the URL: <https://test-amanda-portal.idph.state.ia.us/adperreh/portal/#!/commons/index>. The website header features the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS" with sub-sections for "Radiological Health", "Emergency Medical Services", and "Environmental Health". A navigation menu on the left includes "Home", "Public Search", "Sign In", "New User Registration", and "Help". A red arrow points to the "Sign In" button. The main content area displays a "Welcome To IDPH" message and lists the bureaus: "BUREAU OF EMERGENCY AND TRAUMA SERVICES", "BUREAU OF ENVIRONMENTAL HEALTH SERVICES", and "BUREAU OF RADIOLOGICAL HEALTH". A note at the bottom states: "NOTE: This application works best in Chrome and Safari. If you need to use Internet Explorer, you will need to change three settings in order for the portal to function properly. Pop up blocker must be turned off and iowa.gov added to compatibility view and to trusted sites. For additional assistance, please follow the link below to the Iowa Department of Public Health's Regulatory Page. IDPH REGULATORY PROGRAMS".



After signing in, you will be taken to the **My Profile** page. Click **Continue** or click on **My Programs**.



Browser tabs: Calytera AMANDA 7, IDPH Board

URL: <https://test-amanda-portal.idph.state.ia.us/adperh/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:

- City: 50000
- Phone 1: 1234567890
- Phone 1 Type: Work
- Phone 2: [Empty]
- Phone 2 Type: [Empty]

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/adperh/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: RENEW

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

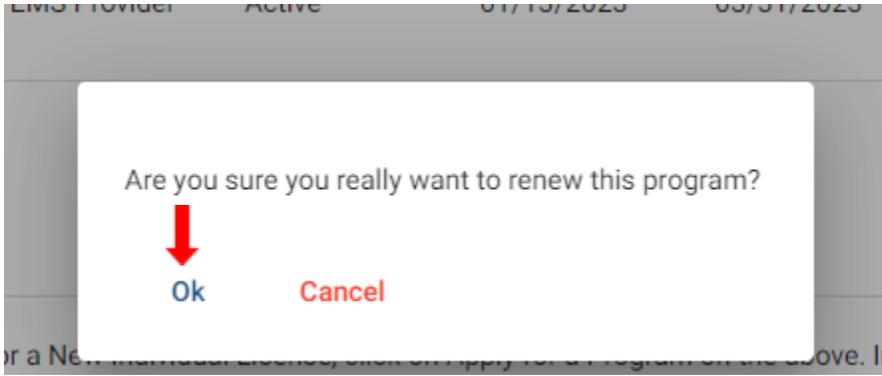
If you have an EMS provider certification that is active and it is within 90 days of your certification expiration date, you can click on the **Renew** option.

The screenshot displays the 'My Programs' page for an EMS Example user. The page features a table with the following data:

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
PARA4001439	EMS Example	EMS Provider	Active	01/13/2023	03/31/2023	Des Moines	Details	Online Services	Renew

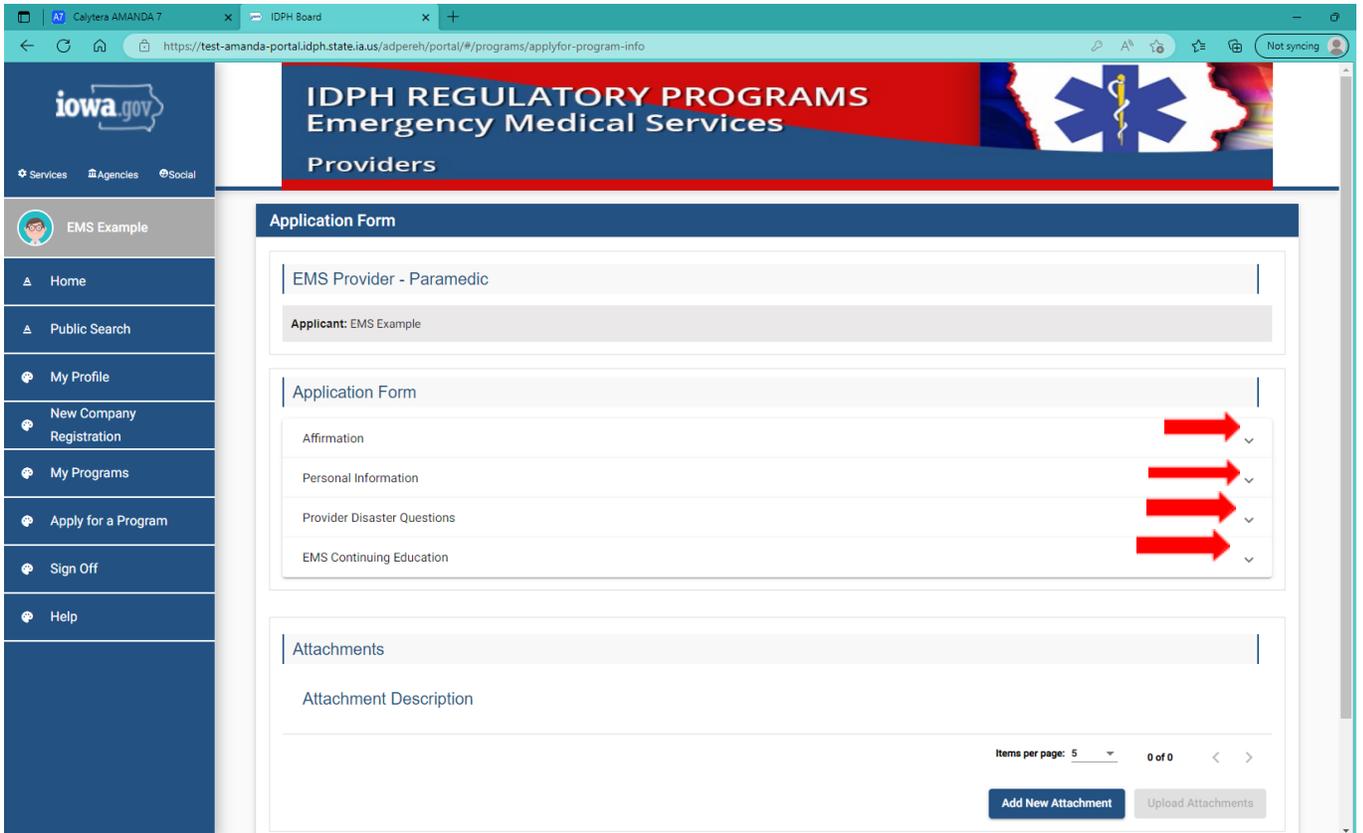
A red arrow points to the 'Renew' link in the 'Renew' column of the table. Below the table, there is a 'Make Payment' button and a pagination indicator showing '1 - 1 of 1'. The page also includes a sidebar with navigation options and a footer with copyright information and social media links.

When you click Renew a pop-up message will appear. Click **OK** to continue with the application.



STEP 3: APPLICATION FORM

Questions with a * are mandatory. Click on the down arrows to expand each section of the Application Form.



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>.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpreh/portal/#/programs/applyfor-program-info>. The page header includes the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS Emergency Medical Services Providers". The 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 "Application Form" and shows the following information:

- EMS Provider - Paramedic
- Applicant: EMS Example

The "Application Form" section contains an "Affirmation" section with three questions:

- During the previous licensing period, did you develop a medical condition, which in any way 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. : _____
- During the previous licensing period, did you engage 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. : _____
- During the previous licensing period, were you 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
: Yes No

[iowa.gov](#)
 Services Agencies Social

EMS Example

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

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. *

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

During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you? * : Yes No

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

During the previous licensing period, were there 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. : _____

During the previous licensing period, did you have 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 ▼
 Provider Disaster Questions ▼
 EMS Continuing Education ▼

STEP 5: PERSONAL INFORMATION

The Gender selection is a required field. When you renew, this field may already be filled in.

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

During the previous licensing period, were there 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. :

During the previous licensing period, did you have 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 v

Provider Disaster Questions v

EMS Continuing Education v

Attachments |

Attachment Description

Items per page: 5 0 of 0 < >

Add New Attachment Upload Attachments

Cancel Continue

STEP 6: PROVIDER DISASTER QUESTIONS

The two questions in this section are required and you must respond with a “Yes” or “No.”
If you are renewing, the responses may already be filled out.

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 contains several sections:

- Professional Liability:** A question asking if there were judgments or settlements paid on behalf of a professional liability case during the previous licensing period. The "No" radio button is selected. Below it is a text input field for details.
- Certification Status:** A question asking if there was a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined during the previous licensing period. The "No" radio button is selected. Below it is a text input field for details.
- Personal Information:** A section with a dropdown menu for Gender, currently set to "Female".
- Provider Disaster Questions:** Two questions with radio buttons. The first asks if the user is willing to respond to a disaster in Iowa, with "Yes" selected. The second asks if the user is willing to respond to a disaster that occurred outside of Iowa, with "Yes" selected.
- EMS Continuing Education:** A section with a dropdown arrow.
- Attachments:** A section with a text input field for "Attachment Description".

At the bottom right of the page, there is a "Items per page: 5" label.

STEP 7: EMS CONTINUING EDUCATION

In Iowa there are 2 ways to renew your Iowa EMS provider certification.

Option 1: With a current registration with the NREMT (National Registry of Emergency Medical Technicians. If your NREMT registration expires after your current Iowa EMS provider certification, please answer “Yes” to the question: “Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs?” Then answer the next 3 questions related to the NREMT. Please include a copy of your NREMT to the application. (See STEP 8: ATTACHMENTS)

EMS Continuing Education

Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * : Yes No

Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) : Yes No

NREMT Number : M1234567

NREMT Expiration Date : 03/31/2025

Total Core Continuing Education Hours (CEHs) :

Option 2: If you do not have a current NREMT registration, or, if you do and don't plan to renew it, please answer "No" to the question: "Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs?" Then skip the next 3 NREMT questions and complete the field for "Total Core Continuing Education Hours (CEHs)." For additional information on CEHs, go to Iowa EMS Certification Renewal Guidance on the Bureau's website <https://hhs.iowa.gov/public-health/emergency-medical-services-trauma>.

EMS Continuing Education

Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * : Yes No

Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) : Yes No

NREMT Number :

NREMT Expiration Date : mm/dd/yyyy

Total Core Continuing Education Hours (CEHs) : 30

Please reference IAC 131.6(7) Continuing education renewal.

131.6(7) Continuing education renewal.

a. The table below illustrates the minimum number of core CEHs by topic area for each level of emergency medical care provider to renew an Iowa EMS certification.

Core Topics	EMR/FR	EMT/EMT-D	AEMT	PM
-------------	--------	-----------	------	----

Airway, Respirations, Ventilations	1	1	2	3
Cardiology	2	6	7	9
Trauma	1	2	3	3
Medical	3	6	8	9
Operations	1	5	5	6
Totals	8	20	25	30

b. All core continuing education hours used to renew an Iowa EMS certification must have a sponsor number by an authorized Iowa training program, the department, the board of nursing, the board of medicine, or CAPCE before the emergency medical care provider attends the offering.

c. An emergency medical care provider who is registered with the NREMT may renew the provider's Iowa EMS certification by meeting the NREMT's requirements. The emergency medical care provider must submit the Iowa affirmative renewal of certification application and all appropriate fees.

d. An emergency medical care provider shall be deemed to have complied with the continuing education requirements during periods in which the provider serves honorably on active duty in the military services or for periods in which the provider is a government employee working as an emergency medical care provider and assigned to duty outside the United States. The emergency medical care provider must submit the Iowa affirmative renewal of certification application, all appropriate fees and documentation of assignment.

e. The emergency medical care provider shall maintain a file containing documentation of CEHs accrued during each certification period for four years from the end of each certification period.

f. A group of emergency medical care providers will be audited for each certification period. Emergency medical care providers to be audited will be chosen in a random manner or at the discretion of BETS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Those audited will be required to submit a department-provided audit report form within 45 days of the request. If audited, the emergency medical care provider must provide the following information:

- (1) Date of program.
- (2) Program sponsor number.
- (3) Title of program.
- (4) Number of approved hours.

131.6(8) Continuing education approval. The following standards shall be applied for approval of continuing education:

a. CEHs shall have an assigned sponsor number from CAPCE, an authorized EMS training program, the board of nursing, the board of medicine or the department.

b. Human health-related college courses may be approved in advance by BETS at one quarter credit equal to 10 CEHs, one semester credit equal to 15 CEHs.

131.6(9) Out-of-state continuing education. Out-of-state continuing education courses shall be accepted for CEHs if all criteria in subrule 131.6(7) are met and if the courses have been approved for emergency medical care personnel in the state in which the courses were held. A copy of course completion certificates (or other verifying documentation) shall, upon request, be submitted to the department.

STEP 8: ATTACHMENTS OPTIONAL

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

The screenshot displays 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 contains a form with the following fields:

- Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * (Radio buttons: Yes, No)
- Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) (Radio buttons: Yes, No)
- NREMT Number (Text input)
- NREMT Expiration Date (Date picker, format mm/dd/yyyy)
- Total Core Continuing Education Hours (CEHs) (Text input, value 30)

Below these fields is the "Attachments" section, which includes a table with columns for Type, Description, and File. The table is currently empty, showing "0 of 0" items. A red arrow points to the "Type" dropdown menu in the table header. Another red arrow points to the "Add New Attachment" button located at the bottom right of the table area. Other buttons visible include "Upload Attachments", "Cancel", and "Continue".

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

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 contains a registration form with the following fields and options:

- Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * : Yes No
- Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) : Yes No
- NREMT Number : [Text Input Field]
- NREMT Expiration Date : [Date Picker (mm/dd/yyyy)]
- Total Core Continuing Education Hours (CEHs) : [Text Input Field with value 30]

Below the form is an "Attachments" section titled "Attachment Description". It displays a list of attachment types in a scrollable menu:

- Non-Iowa Permit/Certification/Registration
- Photo
- Physician Records
- Proof of Certification
- Receipt
- Signature
- Word Merge

The "Proof of Certification" option is currently selected. To the right of the list is a "File" upload area with a "Choose File" button and the text "No file chosen". Below the list are "Add New Attachment" and "Upload Attachments" buttons. At the bottom of the attachment section are "Cancel" and "Continue" 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](#), along with 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**.

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 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 a form with the following fields:

- Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * : Yes No
- Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) : Yes No
- NREMT Number :
- NREMT Expiration Date :
- Total Core Continuing Education Hours (CEHs) :

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

Type	Description	File
Proof of Certification	NREMT	<input type="button" value="Choose File"/> NREMT.docx

At the bottom of the attachments section are buttons for 'Cancel', 'Continue', 'Add New Attachment', and 'Upload Attachments'. Red arrows highlight the 'Description' column, the 'Choose File' button, and the 'Upload Attachments' button.

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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 "EMS Continuing Education" and contains the following fields:

- Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs? * : Yes No
- Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card) : Yes No
- NREMT Number : [Text Input Field]
- NREMT Expiration Date : [Date Picker (mm/dd/yyyy)]
- Total Core Continuing Education Hours (CEHs) : [Text Input Field with value 30]

Below this section is the "Attachments" section, which includes an "Attachment Description" table with one entry:

Attachment Description	View
NREMT	View

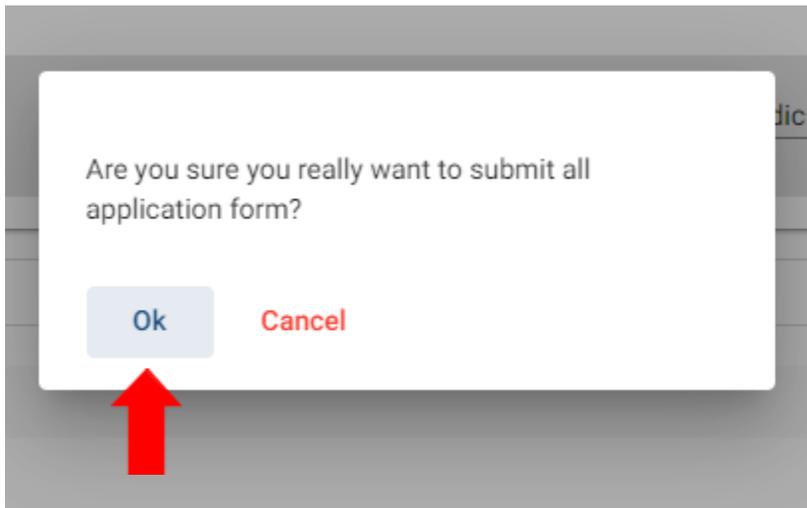
At the bottom of the attachments section are buttons for "Add New Attachment" and "Upload Attachments".

At the very bottom of the form are two buttons: "Cancel" and "Continue". A red arrow points directly to the "Continue" button.

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

Click **OK** to proceed to the next page.



STEP 9: 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 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.

A red arrow points to the checked checkbox, and another red arrow points to the "Continue" button.

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STEP 10: MAKE A PAYMENT

If you are renewing your EMR or EMT before the expiration date, there are no renewal fees and you will see the screen below.

The screenshot displays a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment>. The page features a blue header with the Iowa state logo and the text "IDPH REGULATORY PROGRAMS" followed by "Radiological Health ■ Emergency Medical Services ■ 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." 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 white box below the note states "There are no Fees to Pay." The footer of the page includes the 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.

If you are a an AEMT or Paramedic 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. Click **Make a Payment** when you are ready to pay. (**Note:** your application is not considered submitted until payment is made.)

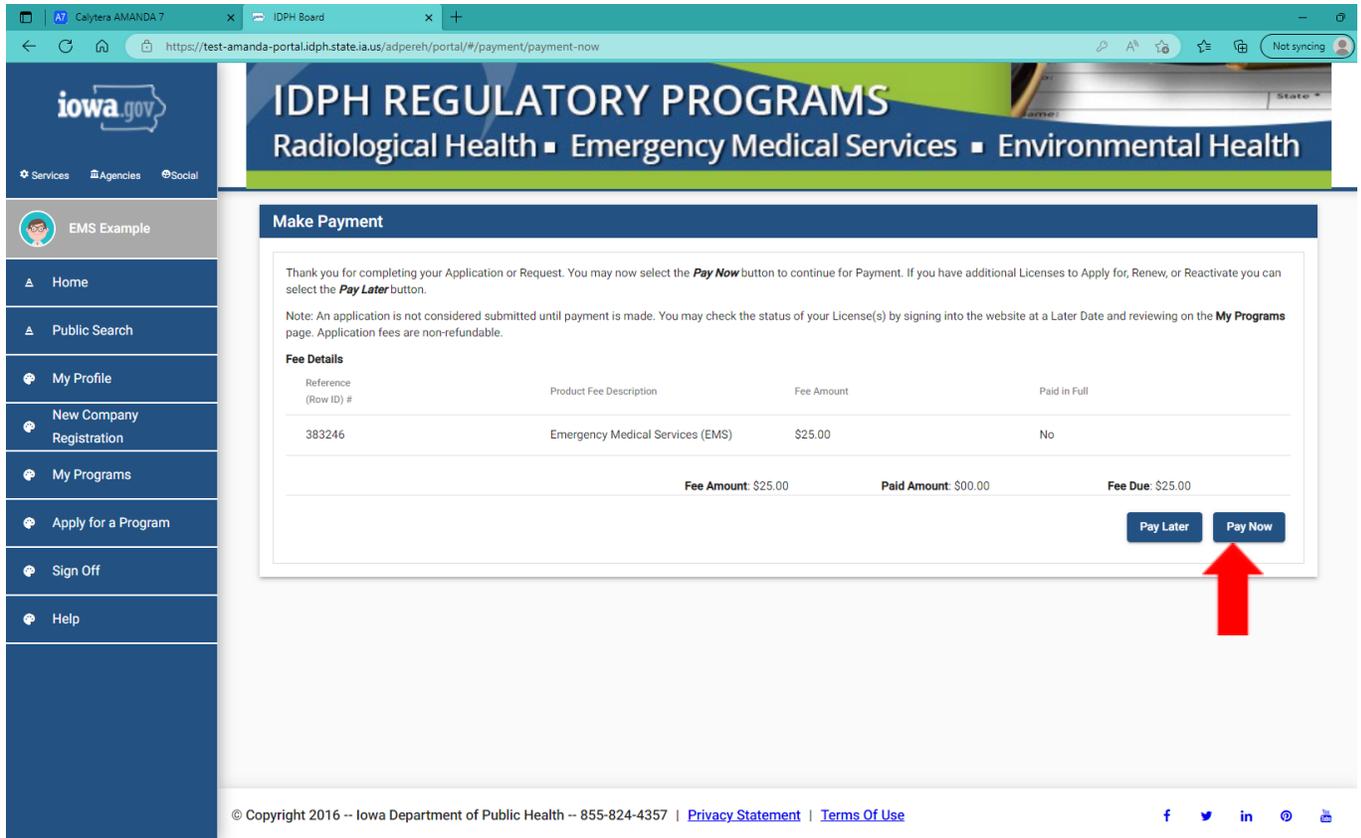
The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment>. The page header includes the Iowa.gov logo and navigation links for Services, Agencies, and Social. The main content area is titled "IDPH REGULATORY PROGRAMS" and lists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

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
383246	EMS Provider	Paramedic	Renewal	PARA Renewal Fee	\$25.00	No

Summary statistics: Fee Amount: \$25.00, Paid Amount: \$00.00, Fee Due: \$25.00. At the bottom right of the table area are two buttons: "Pay Later" and "Pay Now". A red arrow points to the "Pay Now" button. Below the buttons is a "Payment Later Options" dropdown menu.

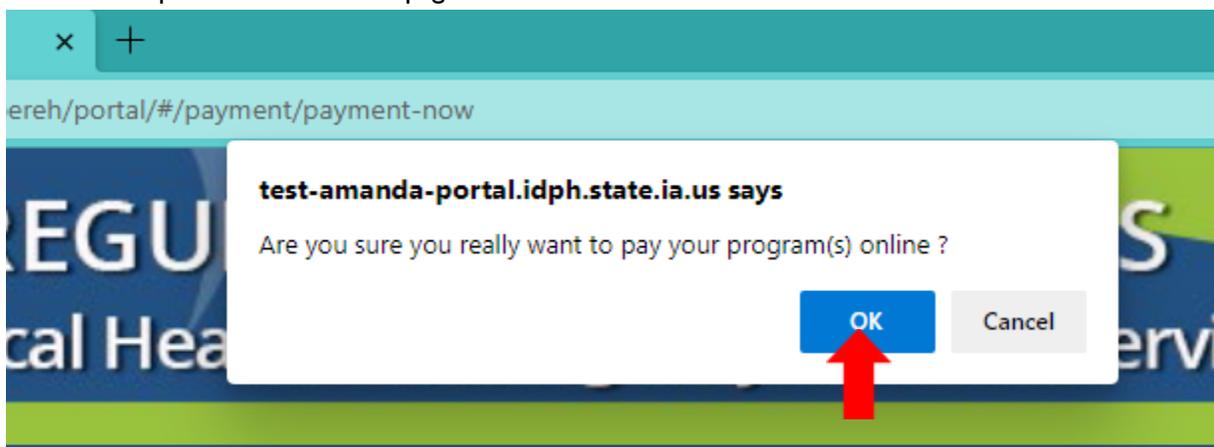
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When you click on **Pay Now**, the next screen you come to will also give you the option to click **Pay Later** or **Pay Now** again. Click **Pay Now** if you are ready to pay.



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@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@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@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.

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 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 white box below the text states "There are no Fees to Pay." The left navigation menu includes links for Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. A large red arrow points to the "Sign Off" link. The footer contains copyright information for 2016 and links to Privacy Statement and Terms Of Use, along with social media icons for Facebook, Twitter, LinkedIn, and YouTube.

STEP II: NOTIFICATION OF RENEWAL COMPLETION

Once all the Iowa EMS provider certification renewal 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.