

## Iowa EMS Certification Renewal Guidance

### Renewal Requirement

An Iowa EMS certification must be renewed prior to the certification’s expiration date to maintain an active status. Failure to complete the renewal process prior to the expiration date will result in the Iowa EMS certification’s status to change from active to inactive. An Iowa emergency medical care clinician may only provide emergency medical care with an active Iowa EMS certification.

### Renewal of an Iowa EMS Certification with Continuing Education

To be eligible to renew an Iowa EMS certification with continuing education, a minimum number of core topic continuing education hours (CEHs), based on the level of certification, must be completed prior to the certification’s expiration date. The table below identifies the minimum number of CEHs, by core topic, and Iowa EMS certification level, that must be obtained prior to the certification expiration date.

All core continuing education hours used to renew an Iowa EMS certification must have a sponsor number by an authorized Iowa EMS Training Program, the Iowa Department of Health and Human Services, the Iowa Board of Nursing, the Iowa Board of Medicine, or the Commission on Accreditation for Prehospital Continuing Education (CAPCE) before the emergency medical care clinician attends the offering.

Along with obtaining the minimum number of core continuing education hours the clinician must also complete the online renewal process and pay any applicable renewal fees prior to the certification expiration date.

<b>Core Topics</b>	<b>EMR/FR</b>	<b>EMT/EMT-D</b>	<b>AEMT</b>	<b>Paramedic</b>
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
<b>Totals</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>

## Nationally Recognized and Sponsored Education Programs

An Iowa EMS clinician who has completed one or more of the following nationally recognized and approved educational programs during their certification period may apply the awarded continuing education hours (CEH) when renewing their Iowa EMS certification without obtaining a sponsoring number utilizing the following guidelines:

- The program must be completed in its entirety during the certification period being renewed
- The completed program must be recognized by the national sponsoring agency
- A certificate/card of program completion must be provided identifying the total number of CEHs awarded

## Single Core Topic Area

The Iowa EMS Clinician may choose to apply all the awarded CEHs from the nationally recognized program to a single identified core topic area identified by an “X” in the following chart. As an example: An Iowa EMS Clinician completes a nationally recognized CPR program and receives a certificate of completion for 3 CEHs. The clinician applies all 3 CEHs to the Medical core topic area. Looking down the left-hand column, locate the CPR program, moving from left to right the core topic areas of AVR, Cardiology, Medical, and Operations are marked with an “X” indicating the completed program CEHs can be applied to these topic areas, Trauma is marked with “N/A” indicating the CPR program CEHs could not be applied to this core topic area.

## Multiple Core Topic Areas

The Iowa EMS Clinician may choose to “split” the awarded CEHs between two or more of the identified core topic areas by program. As an example: An Iowa EMS Clinician completes a nationally recognized CPR program and receives a certificate of completion for 3 CEHs.

Looking down the left-hand column, locate the CPR program, moving from left to right the core topic areas of AVR, Cardiology, Medical, and Operations are marked with an “X” indicating the completed program CEHs can be applied to these topic areas, Trauma is marked with “N/A” indicating the CPR program CEHs could not be applied to this core topic area. The clinician can apply 1 of the 3 CEHs to the Medical core topic area, another CEH to the Cardiology core topic area, and the final CEH to the Operations core topic area (total of 3 CEHs applied). When applying CEHs from a single program to two or more core topic areas the total number of CEHs applied may not exceed the total number of CEHs awarded.

Nationally recognized/sponsored programs approved for Iowa EMS continuing education

<b>Program</b>	<b>AVR</b>	<b>Cardiology</b>	<b>Trauma</b>	<b>Medical</b>	<b>Operations</b>
ABLS	X	N/A	X	X	X
ACLS	X	X	X	X	X
ADLS	N/A	N/A	X	X	X
ALS	X	X	X	X	X
AMLS	X	X	X	X	X
APLS	X	X	X	X	X
ASLS	X	X	X	X	X
ATLS	X	X	X	X	X
BDLS	N/A	N/A	X	X	X
CEVO	N/A	N/A	N/A	N/A	X
CPR/BLS	X	X	N/A	X	X
EMPACT	X	X	X	X	X
EMS Safety	N/A	N/A	N/A	N/A	X
ENLS	X	X	X	X	X
EPC	X	X	X	X	X
EVOC	N/A	N/A	N/A	N/A	X
GEMS	X	X	X	X	X
HazMat	N/A	N/A	X	X	X
IS 100	N/A	N/A	X	X	X
IS 200	N/A	N/A	X	X	X
IS 300	N/A	N/A	X	X	X
IS 400	N/A	N/A	X	X	X
IS 700	N/A	N/A	X	X	X
IS 800	N/A	N/A	X	X	X
ITLS	X	X	X	X	X
NRP	X	X	X	X	X
PALS	X	X	X	X	X
PEARS	X	X	X	X	X
PEPP	X	X	X	X	X
PHTLS	X	X	X	X	X
TCCC	X	X	X	X	X
TECC	X	X	X	X	X
TIMS	N/A	N/A	N/A	N/A	X

Nationally recognized/sponsored continuing education programs

ABLS – Advanced Burn Life Support  
ACLS – Advanced Cardiac Life Support  
ADLS – Advanced Disaster Life Support  
ALS – Advanced Life Support  
AMLS – Advanced Medical Life Support  
APLS – Advanced Pediatric Life Support  
ASLS – Advanced Stroke Life Support  
ATLS – Advance Trauma Life Support  
BDLS – Basic Disaster Life Support  
CEVO – Coaching the Emergency Vehicle Operator  
CPR/BLS – Cardiopulmonary Resuscitation  
EMPACT – Emergency Medical Patients: Assessment, Care and Transport  
ENLS – Emergency Neurological Life Support  
EPC – Emergency Pediatric Care  
EVOC – Emergency Vehicle Operator Course  
GEMS – Geriatric Education for EMS  
HazMat – Hazardous Materials  
IS 100 – Introduction to Incident Command System  
IS 200 – Basic Incident Command System  
IS 300 – Intermediate ICS for Expanding Incidents  
IS 400 – Advanced ICS Command  
IS 700 – Introduction to the National Incident Management System  
IS 800 – National Response Framework, An Introduction  
ITLS – International Trauma Life Support  
NRP – Neonatal Resuscitation Program  
PALS – Pediatric Advanced Life Support  
PEARS – Pediatric Emergency Assessment, Recognition and Stabilization  
PEPP – Pediatric Education for Prehospital Professionals  
PHTLS – Prehospital Trauma Life Support  
TCCC – Tactical Combat Casualty Care  
TECC – Tactical Emergency Casualty Care  
TIMS – Traffic Incident Management System

### Renewal of an Iowa EMS Certification with NREMT Certification

An Iowa emergency medical care clinician may renew their Iowa EMS certification with a current and valid NREMT certification that exceeds their Iowa EMS certification expiration date instead of renewing with CEHs. The clinician must complete the online renewal process, pay any applicable renewal fees, and provide the Bureau with verification of a current, valid NREMT certification prior to their Iowa EMS certification expiration date. The renewed Iowa EMS certification's expiration date will not exceed the expiration date of the NREMT certification utilized for renewal.

### Extension of an Iowa EMS Certification

An Iowa emergency medical care clinician who is unable to attain all continuing education requirements within the certification period may request a one-time 45-day extension to complete the continuing education requirements and renewal process. Iowa emergency medical care clinicians who wish to apply for an extension must submit a completed application for extension and application fee to the Bureau at least 7-days prior to their certification's expiration date, but no more than 90-days prior to their certification's expiration date. An application for extension and instructions can be downloaded from the Bureau's web page [Emergency Medical Services | Health & Human Services](#).

### Late Renewal of an Iowa EMS Certification

An Iowa emergency medical care clinician who completed all the required continuing education during their certification period but failed to either submit the EMS renewal of certification or pay applicable fees prior to their certification's expiration date may be eligible for a late renewal of their Iowa EMS certification only if the late renewal process is completed within the month following the certification's expiration date. Iowa EMS clinicians who did not complete the required continuing education during their certification period are not eligible for late renewal but may be eligible for reactivation of an inactive certification.

### Late Renewal Process

Iowa EMS clinicians who meet the eligibility for late renewal of their Iowa EMS certification must complete the following steps before the last day of the month following their certification's expiration date:

- Completed the online EMS renewal process in AMANDA
- Pay a \$30 late fee plus any applicable certification renewal fee
- Submit a completed [EMS Audit Report Form](#) to the Bureau documenting the completion of all required continuing education prior to their certification's

expiration date. If any of the courses completed are not sponsored by an Iowa Authorized EMS Authorized Training Program, you will need provide copies of the certificates of completion. The [EMS Audit Report Form](#) which can be found on the Iowa Department of Health and Human Services, Bureau of Emergency Medical and Emergency Trauma Services web page [Emergency Medical Services | Health & Human Services](#).

Failure to complete all components of the late renewal process by the last day of the month following the certification's expiration date will result in the certification status remaining inactive.

### Reactivation of an Inactive Iowa EMS Certification Status

Iowa emergency medical care clinicians whose Iowa EMS certification status is inactive may not provide emergency medical care until their certification status is active. Clinicians with an inactive Iowa EMS certification may be eligible to reactivate their certification based on the amount of time since the certification became inactive. Reactivation of an inactive certification information and application can be downloaded from the Bureau's web page [Emergency Medical Services | Health & Human Services](#).

Additional questions can be addressed to:

Iowa Department of Health and Human Services  
Bureau of Emergency Medical and Trauma Services  
321 East 12th Street  
Des Moines, Iowa 50319  
515-631-0100 or [IowaHHSbemts@hhs.iowa.gov](mailto:IowaHHSbemts@hhs.iowa.gov)

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.

<b>Core Topics</b>	<b>EMR/FR</b>	<b>EMT/EMT-D</b>	<b>AEMT</b>	<b>PM</b>
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
<b>Totals</b>	<b>8</b>	<b>20</b>	<b>25</b>	<b>30</b>

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.

## **INSTRUCTIONS TO APPLY FOR EMS CERTIFICATION RENEWAL ON AMANDA**

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 Department of Management Information Technology 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 renewing online.

If you need assistance with questions in the application after reviewing these instructions, contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-631-0100 or [iowaHHSbemts@hhs.iowa.gov](mailto:iowaHHSbemts@hhs.iowa.gov).

# STEP 1: SIGN IN

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

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.

The screenshot shows the Iowa Regulatory Licensing (DIAL & HHS Public Health) portal. The header includes the Iowa logo and navigation links for Services, Agencies, and Social. A sidebar on the left contains links for Home, Public Search, Sign In, New User Registration, and Help. The main content area features a welcome message and three primary action buttons: Public Search, New User Registration, and Existing Users Sign-in. Below these buttons, there is detailed information for three bureaus: DIAL BUREAU OF ENV. HEALTH AND CONTRACTOR, HHS BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES, and HHS BUREAU OF RADIOLOGICAL HEALTH, each with contact information and program details.

Enter your Account ID (ends in “@IOWAID”) and password.

The screenshot shows the sign-in page of the Iowa Regulatory Licensing (DIAL & HHS Public Health) portal. The header and sidebar are consistent with the previous screenshot. The main content area features a sign-in form with the following elements: a heading "Sign In", a prompt "For account ID, please enter your ENTAA account ID and not your email address. (Ex. firstname.lastname@iowaid)", an "Account ID" input field containing "EMS.EXAMPLE@IOWAID", a "Password" input field with a toggle for visibility, a "Sign In" button, and links for "Forgot Password" and "Forgot ID".

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

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: na ATTN: na

House Number: 9999 Street Prefix:

Street Name: Main Street Type: Street

Street Direction: Country: Iowa

Unit Type: Unit Number:

City: Des Moines State: Iowa

**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://ddeb.iowa.gov/adpers/h/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.

## STEP 2: RENEW

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

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

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
PARA4002019	EMS EXAMPLE	EMS Provider	Active	12/31/2024	03/31/2025	Des Moines	Details	Online Services	Renew

Items per page: 5 1 - 1 of 1

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.

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

Iowa Regulatory Licensing (DIAL & HHS Public Health)

My Licenses, Permits, & Programs: EMS EXAMPLE

Document was last saved: Just now

Programs for EMS EXAMPLE

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details
PARA4002019	EMS EXAMPLE	EMS Provider	Active	12/31/2024	03/31/2025	Des Moines	Details

Are you sure you really want to renew this program?

Ok Cancel

- 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 3: APPLICATION FORM Affirmation

Questions with a \* (red asterisk) are mandatory. Click on the down arrows to expand each section of the Application Form.

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. (See STEP 6: ATTACHMENTS)

You can also reference **EMS Application Affirmation Question Guidance** starting on **page 28** of this document.

Iowa Regulatory Licensing (DIAL & HHS Public Health)

Application Form

EMS Provider - Paramedic

Applicant: EMS EXAMPLE

Application Form

Affirmation

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.

**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

preparation or treatment programs.

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 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

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. :

**STEP 4: APPLICATION FORM**  
**Personal Information**  
**Provider Disaster Questions**

The Gender selection is a required field. When you renew, this field may already be filled in but there is a drop-down field to view and update.

The two Provider Disaster Questions are required, and you must respond with a “Yes” or “No.”

When you are renewing, the responses may already be filled out but can change the responses at this time.

**IOWA**  
Services Agencies Social

EMS EXAMPLE

- Home
- Public Search
- My Profile
- New Company Registration

Personal Information

Gender \* : Female

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



## STEP 5: APPLICATION FORM EMS Continuing Education

In Iowa there are **2** (two) ways to meet EMS renewal requirements.

**Option 1 for meeting EMS renewal requirement:** 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 (three) NREMT related questions and complete the field for "Total Core Continuing Education Hours (CEHs)."

For additional information on CEHs, go to **Iowa EMS Certification Renewal Guidance** starting on page **1** of this document.

The screenshot displays the Iowa EMS Certification Renewal Application Form. The left sidebar contains the Iowa logo and navigation 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 is divided into sections: Personal Information (Gender: Female), Provider Disaster Questions (Are you willing to respond to a disaster in Iowa? No; Are you willing to respond to a disaster that occurred outside of Iowa? No), and EMS Continuing Education. The EMS Continuing Education section includes the question "Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs?" (No selected), "Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card)" (No selected), NREMT Number, NREMT Expiration Date (mm/dd/yyyy), and Total Core Continuing Education Hours (CEHs) (30).

**Option 2 for meeting EMS renewal requirement:** If you have a NREMT registration that expires after your current Iowa EMS 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 (three) NREMT related questions. Please include a copy of your NREMT card in the attachments. (See STEP 6: ATTACHMENTS)

The screenshot shows the Iowa EMS registration portal. 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 titled 'EMS EXAMPLE' and contains three sections: 'Personal Information' with a Gender dropdown set to 'Female'; 'Provider Disaster Questions' with two radio button questions: 'Are you willing to respond to a disaster in Iowa?' (No selected) and 'Are you willing to respond to a disaster that occurred outside of Iowa?' (No selected); and 'EMS Continuing Education' with two radio button questions: 'Are you renewing your Iowa EMS certification with a current NREMT registration in lieu of Iowa CEHs?' (Yes selected) and 'Does your current NREMT registration exceed your current Iowa EMS certification expiration date? (Attach copy of card)' (Yes selected). Below these are text input fields for 'NREMT Number' (M1234567) and 'NREMT Expiration Date' (03/31/2027).

## STEP 6: ATTACHMENTS (OPTIONAL)

If you want or need to include attachments with your renewal application, click the **Add New Attachment** button at the very end of the application form.

The screenshot shows the Iowa EMS certification renewal application form, Step 6: Attachments (Optional). The form is divided into two main sections: a registration details section and an Attachments section.

**Registration Details Section:**

- 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: 03/31/2027
- Total Core Continuing Education Hours (CEHs): [Empty input field]

**Attachments Section:**

**Attachments**

- 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.

Attachment Description

Items per page: 5 0 of 0 < >

**Add New Attachment** Upload Attachments

**Cancel** **Continue**

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

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 : 03/31/2027

Total Core Continuing Education Hours (CEHs) :

**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.

Photo  
Physician Records  
Proof of Certification  
Receipt  
Signature  
Word Merge

Items per page: 5 0 of 0 < >

Choose File No file chosen

Add New Attachment Upload Attachments

Include a short **Description** of the attachment.

Then, click **Choose File** and select a document from your files.

**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.

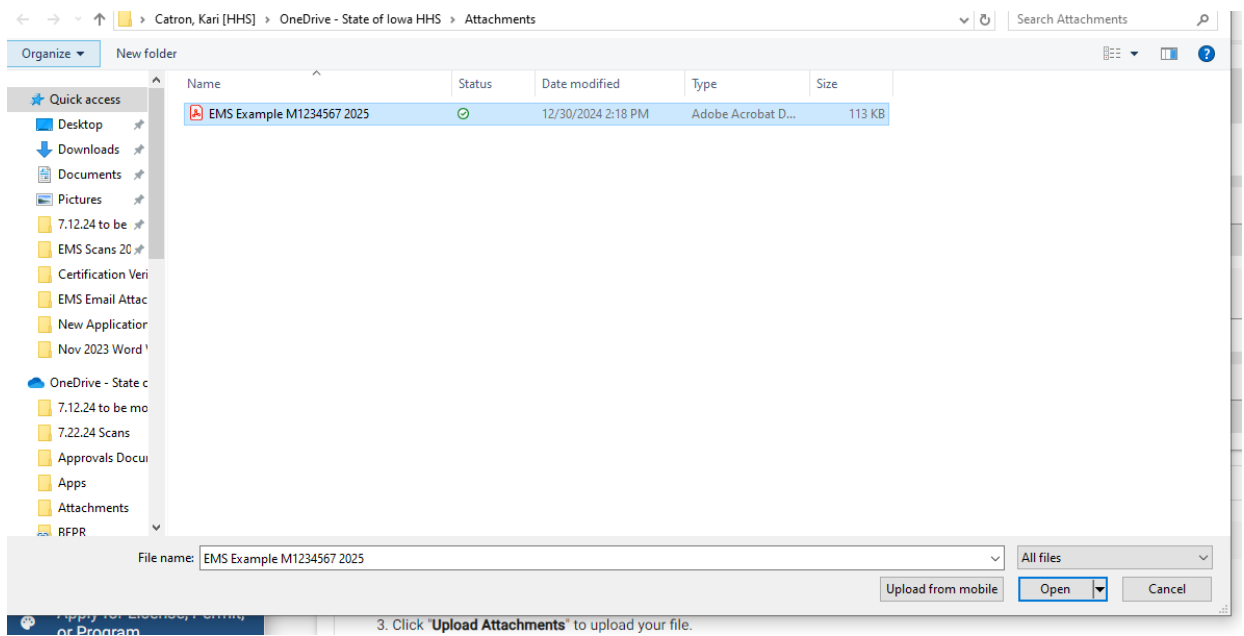
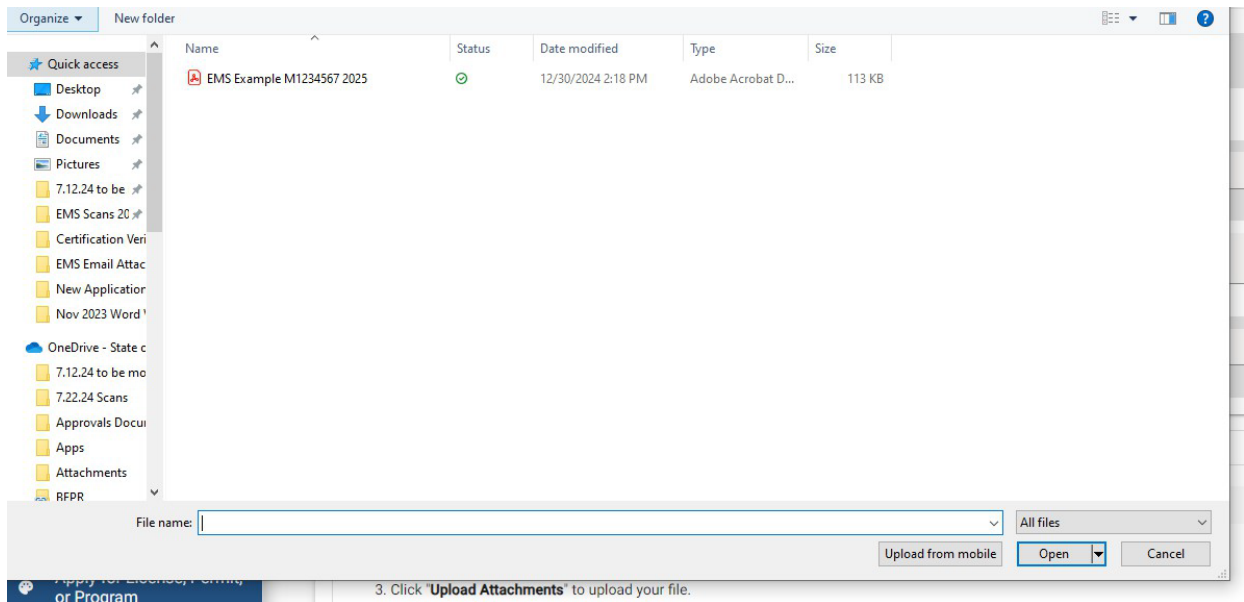
Attachment Description

Items per page: 5 0 of 0 < >

Type	Description	File
Type * Proof of Certification	Description * NREMT	Choose File EMS Examp...67 2025.pdf

Add New Attachment Upload Attachments

Cancel Continue




## 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

Items per page: 5 0 of 0 < >

Type	Description	File
Type * Proof of Certification	Description * NREMT	<input type="button" value="Choose File"/> EMS Examp...67 2025.pdf 

**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. You will need to complete the sign in process and go to your My Licenses, Permits and Programs to see "Edit" option.

**IF YOU CLICK CANCEL** – this will void your entire renewal application, and you will need to start over again by clicking "Renew" like you did in Step 2.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.

### 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>
-------	----------------------

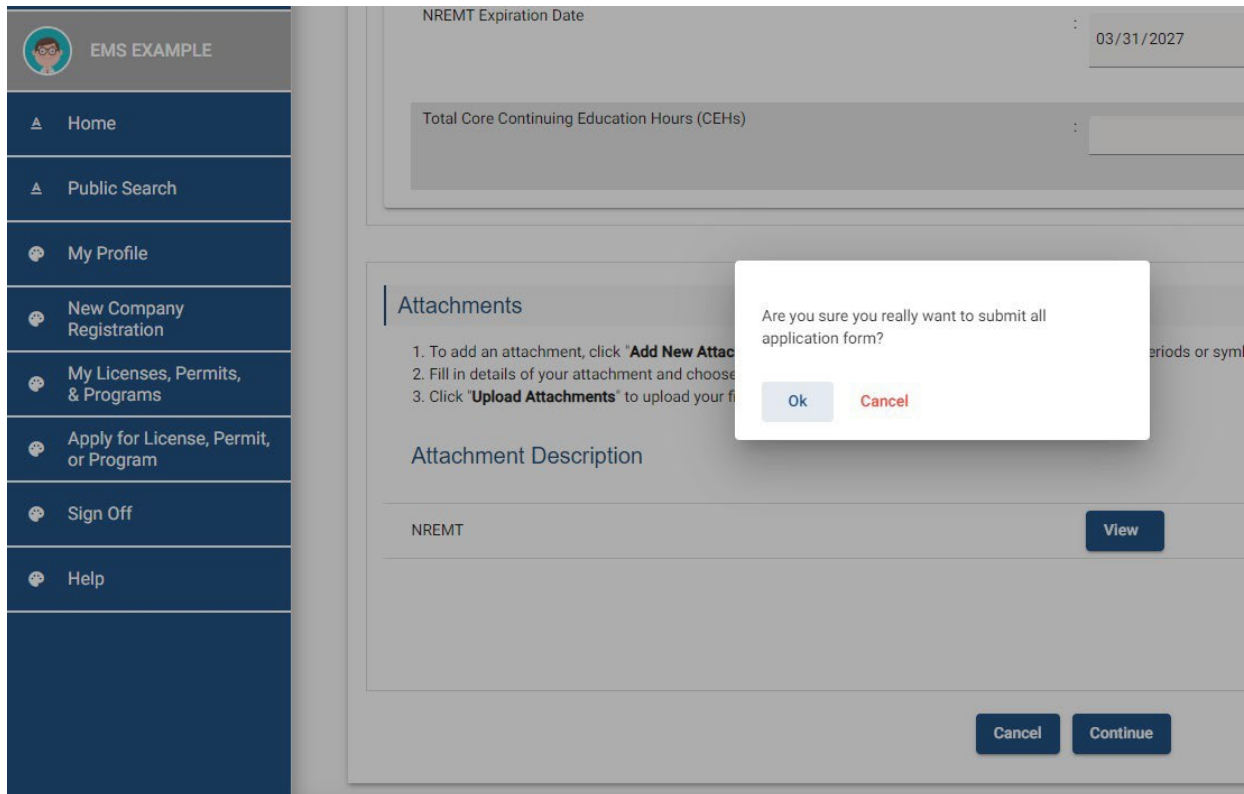
Items per page: 5    1 - 1 of 1    < >

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

[Cancel](#)    [Continue](#)

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

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





## STEP 7: 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

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

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

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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 10: MAKE A PAYMENT

If you are renewing your EMR or EMT before the expiration date, there are no renewal fees.

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
471454	EMS Provider	Paramedic	Renewal	PARA Renewal Fee	\$25.00	No

Fee Amount: \$25.00      Paid Amount: \$00.00      Fee Due: \$25.00

[Pay Later](#)   [Pay Now](#)

Payment Later Options

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.

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

When you click on **Pay Now**, the next screen you come to will also give you the option to click **Pay 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

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
471454	Emergency Medical Services (EMS)	\$25.00	No
<b>Fee Amount:</b>		\$25.00	
<b>Paid Amount:</b>		\$00.00	
<b>Fee Due:</b>		\$25.00	

[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 *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**   
**Last Name**

## STEP 11: NOTIFICATION OF RENEWAL COMPLETION

Once all the Iowa EMS certification renewal requirements are met, the Iowa Bureau of Emergency Medical and Trauma Services will activate your EMS certification in AMANDA.

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 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.