

INSTRUCTIONS TO REGISTER RADIATION MACHINES

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

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

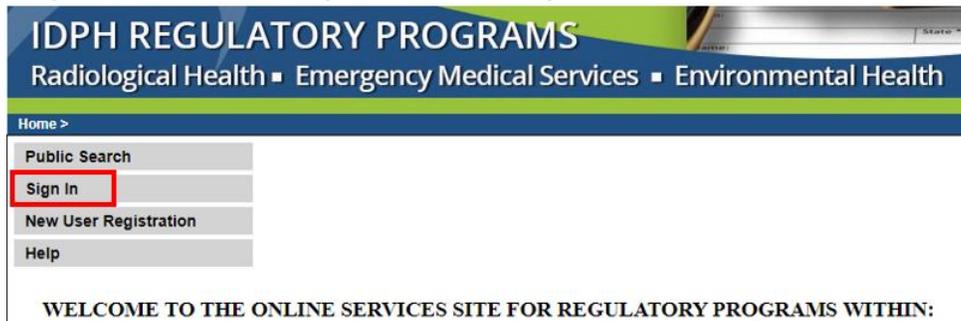
These instructions assume you have already created an A&A account, set up your Profile Page, and Created your Business. If you have not created an account and set up your profile and business, go back to the IDPH Regulatory Programs – Radiation Machines page and follow the “How to create an account” and/or “How to create your business” instructions.

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

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

STEP 1: SIGN IN

- 1) Click **Sign In** on the Licensing Portal home page.



- 2) Enter your Account ID and password, then click **Sign In**.



STEP 2: SELECT THE FACILITY

On your profile page the facility will be listed on the left side under **Registered User's Memberships**. If you do not see your Facility listed, please call 855-824-4357 to be linked.

- 1) Click on the Facility's name so it appears highlighted.
- 2) Click **Continue**.

The screenshot shows the 'IDPH REGULATORY PROGRAMS' profile page. The 'Registered User's Memberships' section on the left has 'IDPH Facility' highlighted with a red box. The 'Physical Address Details' form on the right contains the following information:

| | | | |
|-------------------|--------|------------|------------|
| Address is: | | | |
| Street Number*: | 10308 | City*: | Des Moines |
| Street Prefix: | | County: | Polk |
| Street Name*: | Dorset | State*: | Iowa |
| Street Type*: | Drive | Country: | US |
| Street Direction: | | Zip Code*: | 50131 |
| Unit Type: | | Phone 1*: | 7800099090 |
| Unit Number: | | | Work |
| | | Phone 2: | Home |

Buttons for 'Continue' (circled in yellow), 'Reset', and 'Addresses' are visible at the bottom of the form. A 'WELCOME TO YOUR PROFILE PAGE!' message is displayed below the form.

STEP 2: APPLY FOR A PROGRAM

Next, you will be directed to the **Programs** page for your facility.

- 1) Click **Apply for a Program**.

The screenshot shows the 'My Programs' page for 'Dorothy Knight - DK Vet Clinic'. The page includes a navigation menu on the left and a table of programs. A 'Make Payment' button is located at the bottom right.

| License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew |
|-----------|-----------|---------|--------|------------|-------------|------|---------|-----------------|-------|
| | | | | | | | | | |

- 2) A pop-up will appear. Click **OK** to Continue.
- 3) Choose the **Program** "Radiological Facility"
- 4) Then, choose the type of facility you wish to apply as under **Program Detail**.

The screenshot shows the 'Apply for Program' pop-up. The 'Program' dropdown is set to 'Radiological Facility'. The 'Program Detail' dropdown is open, showing options: 'Dental', 'Medical/Chiro', 'Podiatry', and 'Vet'. The 'Continue' button is highlighted with a yellow box.

NOTE:

STEP 3: APPLICATION FORM

The renewal application will appear on the next screen.

- 1) Click **Expand All** on the right side of the **Application Form** section.
- 2) Check “Yes” or “No” to the questions provided. (NOTE: If you answer “Yes” to any of the affirmation questions, you must provide the details in a text box below the question.)

Facilities by Machine

Home > My Programs > Program Details

| Radiological Facility - Dental | | | | | | |
|--------------------------------|------------------|------------|-------------|---------|----------------|--|
| License # | Application Date | Issue Date | Expiry Date | Status | Description | |
| DENT10044 | 07/24/2017 | | | Renewal | Renewal Folder | |

People Details

| Role | Name |
|----------|-----------|
| Facility | Launch IT |

Application Form Expand All

- ▶ Affirmation ←
- ▶ Facility Details ←
- ▶ IDPH Reference ←

Application Form Details Expand All

- ▶ Equipment List
- ▶ Mobile Sites

STEP 4: APPLICATION FORM DETAILS

- 1) Click the second **Expand All** on the right side of the **Application Form Details** section.
- 2) Under “Equipment List” click **Add** and enter the details for your machines, then click **Save**. REPEAT THIS PROCESS FOR EACH PIECE OF EQUIPMENT.
- 3) Follow the same steps for “Mobile Sites.”
- 4) Click **Continue** when you are finished.

Application Form Details Expand All

Equipment List

| Equipment Type | Current Status | Actions |
|----------------|----------------|---------|
|----------------|----------------|---------|

• Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
• Just clean all fields if you do not need a specific row or new added row.

Add Save

Mobile Sites

Attachment

Attachment Description

Cancel Continue Add New Attachment

STEP 5: FACILITY CONTACT LIST

The Contact List for the Facility will appear on the next page.

- 1) Click **Add**.
- 2) Enter the contact details, then click **Save**.
- 3) Repeat this process for each contact.
- 4) When you have finished, click **Continue**.

Process Free Form Description - Radiological Facility Application Review Collapse All

Facility Contact List

| Removed thru Web | Contact type | Contact First Name | Contact Last Name | Contact P |
|--------------------------|--------------|--------------------|-------------------|-----------|
| <input type="checkbox"/> | CEO | Hiram | Houghton | 123456789 |

Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
Just clean all fields if you do not need a specific row or new added row.

Attachment

Attachment Description

STEP 6: UNIT INFORMATION

- 1) On the following page, enter information for the first machine added.
- 2) Select an answer under **Public Portal Affirmation**
- 3) Click **Continue** to be taken to the next page of Unit Information.

NOTE: The number of "Unit Information" pages corresponds to the number of equipment added to the "Equipment List." For example: if 5 pieces of equipment were added to the "Equipment List" there will be 5 pages of "Unit Information" to click **Continue** through.

Process Description - CT Expand All

Unit Information

Is this unit a Mobile Unit? Yes No

Is this unit used outside of your facility? Yes No

Machine Manufacturer

Date of Radiation Shielding Plan acceptance by IDPH. (IDPH Office Use Only)

Machine Model

Machine Serial #

Date of Manufacture

Installation Date

Room ID Number

Service Provider - Company Name

Service Provider - Registration Number

Date of most recent calibration/service evaluation report

Protocols in place for all exam types Yes No

Public Portal Affirmation

By checking this box, I am submitting this application for review with all required documentation and attachments. Yes No

Attachment

Attachment Description

STEP 7: TERMS AND CONDITIONS

- 1) Check the box as show to agree to the “Terms and Conditions.”
- 2) Click **Continue**.

IDPH REGULATORY PROGRAMS
Radiological Health
Facilities by Machine

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home
Sign Off
Help

Terms and Conditions

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, 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 this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand 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 license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

I agree with the terms and conditions.

Continue

STEP 8: MAKE A PAYMENT

To make a payment:

- 1) Click **Pay Now**, and then click **Pay Now** again on the next screen.
- 2) Click **OK** on the pop-up.

(If you would like to return to your application later to pay, click **Pay Later**.)

| Reference (Row ID) # | Program | Program Detail | Status | Fee Description | Fee Amount | Paid in Full |
|----------------------|-----------------------|----------------|---------------------|----------------------------|------------------|--------------|
| 541537 | Radiological Facility | Dental | Renewal | Radiological Equipment Fee | \$39.00 | No |
| 541537 | Radiological Facility | Dental | Renewal | Radiological Equipment Fee | \$39.00 | No |
| Total | | | | | | |
| Fee Amount: \$78.00 | | | Paid Amount: \$0.00 | | Fee Due: \$78.00 | |

Pay Later Pay Now

Payment Later Options

- 3) You will be prompted to enter your payment information.
- 4) Once you have entered the payment information, click **Continue**.
- 5) On the following Review page, click **Confirm**.

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs
Amount Due \$117.00

Payment Information

Frequency: One Time
Payment Amount: \$117.00
Payment Date: Pay now

Contact Information

First Name: Meghana
Last Name: Demera
Company: (Optional)
Address 1: 123 Oliver Smith Drive
Address 2: (Optional)
City/Town: Urbandale
State/Province/Region: IA
Zip/Postal Code: 50322
Country: US
Phone Number: 8138703612
Email Address: meghanarao31@gmail.com

Payment Method

Payment Method: Select
Checking or Savings
Credit/Debit Card

Continue [Cancel](#)

Review Payment

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

Payment Details

Description: Department of Public Health
IDPH Licensing and Regulatory Programs
<https://idph.iowa.gov/>
Payment Amount: \$117.00
Payment Date: 09/28/2016

Payment Method

Payer Name: Meghana Demera
Card Number: *1111
Expiration Date: Feb-2017
Card Type: Visa
Confirmation Email: meghanarao31@gmail.com

Billing Address

Address 1: 123 Oliver Smith Drive
City/Town: Urbandale
State/Province/Region: IA
Zip/Postal Code: 50322
Country: United States

Contact Information

First Name: Meghana
Last Name: Demera
Address 1: 123 Oliver Smith Drive
City/Town: Urbandale
State/Province/Region: IA
Zip/Postal Code: 50322
Country: United States
Phone Number: 8138703612
Email Address: meghanarao31@gmail.com

Confirm [Back](#)

- 6) On the "Confirmation" page, click **Continue**.
- 7) You will then be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number: **IOWDPH003856717**

Payment Details

Description: Department of Public Health
IDPH Licensing and Regulatory Programs
<https://idph.iowa.gov/>
Payment Amount: \$117.00
Payment Date: 09/28/2016
Status: PROCESSED

Payment Method

Payer Name: Meghana Demera
Card Number: *1111
Card Type: Visa
Confirmation Email: meghanarao31@gmail.com

Billing Address

Address 1: 123 Oliver Smith Drive
City/Town: Urbandale
State/Province/Region: IA
Zip/Postal Code: 50322
Country: United States

Continue

Receipt

| Receipt Information | | | |
|---------------------|-------------|---------------|------------|
| Receipt No.: | 6040 | Payment Date: | 10/25/2018 |
| Invoice No.: | 6359, 16192 | | |

| Payer Information | |
|-------------------|---|
| Company: | Dorothy Knight |
| Payment Made By: | 21761 Business Hwy 151 Highway PO Box 634 Monticello, IA 52610 |
| Phone No.: | (319)465-3941 |
| Payment Method: | ACH |
| Payment Amount: | 102.00 |
| Comments: | Payment Type=Purchase Web TransactionConfirmationID=IOWTST006331692 Name=Dorothy Knight |

| Receipt Details | | | |
|----------------------------|-------------------|-----------------------|----------|
| Fee Description | Internal Ref. No. | Payment Date | Amount |
| Radiological Equipment Fee | 539188 | Oct 25, 2018 15:18:51 | \$51.00 |
| Radiological Equipment Fee | 539188 | Oct 25, 2018 15:18:51 | \$51.00 |
| Total: | | | \$102.00 |

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[My Profile](#)
[My Programs](#)