

INSTRUCTIONS TO RENEW RADIATION MACHINES

Use the following link to access the online licensing system:

<https://amanda-portal.idph.state.ia.us/adpereh/portal/#/commons/sign-in>

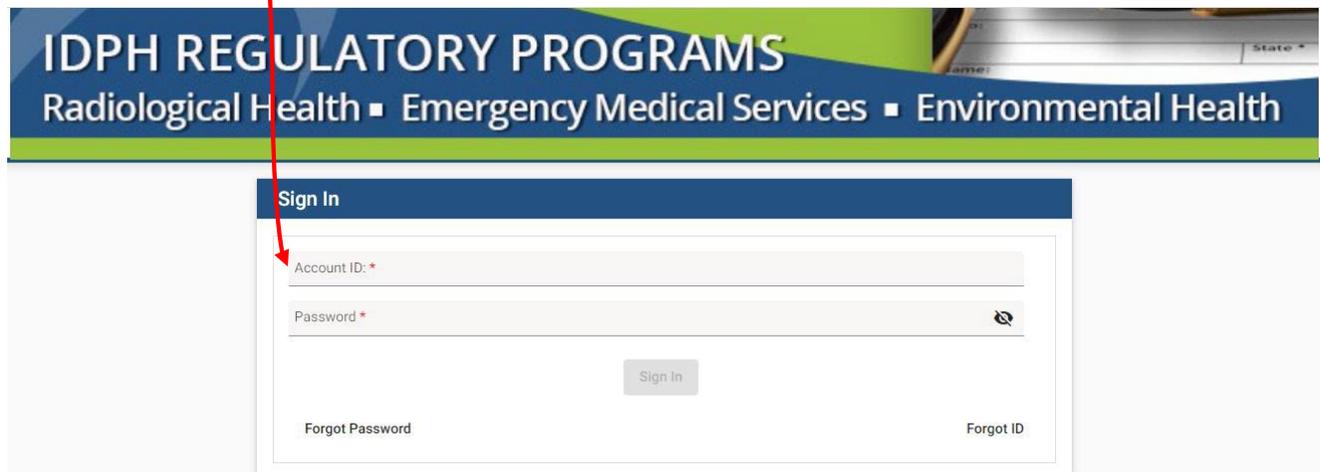
For assistance with finding a username or resetting a password, contact the OICO A&A password and ID Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account and set up your profile, go back to <https://hhs.iowa.gov/regulatory-programs/radiation-machines> and follow the “Instructions to create your personal A&A account”.

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

Enter your Account ID and password, and then click **Sign In**. If you need password support, please call the A&A password help desk at 800-532-1174.



The screenshot shows the IDPH Regulatory Programs website. The header features the text "IDPH REGULATORY PROGRAMS" in large white letters on a blue background, with "Radiological Health ■ Emergency Medical Services ■ Environmental Health" below it. The main content area is a "Sign In" form. It has a blue header with the text "Sign In". Below this are two input fields: "Account ID: *" and "Password *". The "Password" field has a small eye icon to its right. Below the fields is a grey "Sign In" button. At the bottom of the form are two links: "Forgot Password" on the left and "Forgot ID" on the right. A red arrow points from the text above to the "Account ID" input field.

STEP 2: My Profile

On the **My Profile** page, towards the bottom, is the **Select personal license or an organization to proceed** drop down, select the facility to be renewed, and then click **Continue**.

If you do not see your Facility listed, please call 855-824-4357.

My Profile

Basic Profile Details - (PIN: 164143)

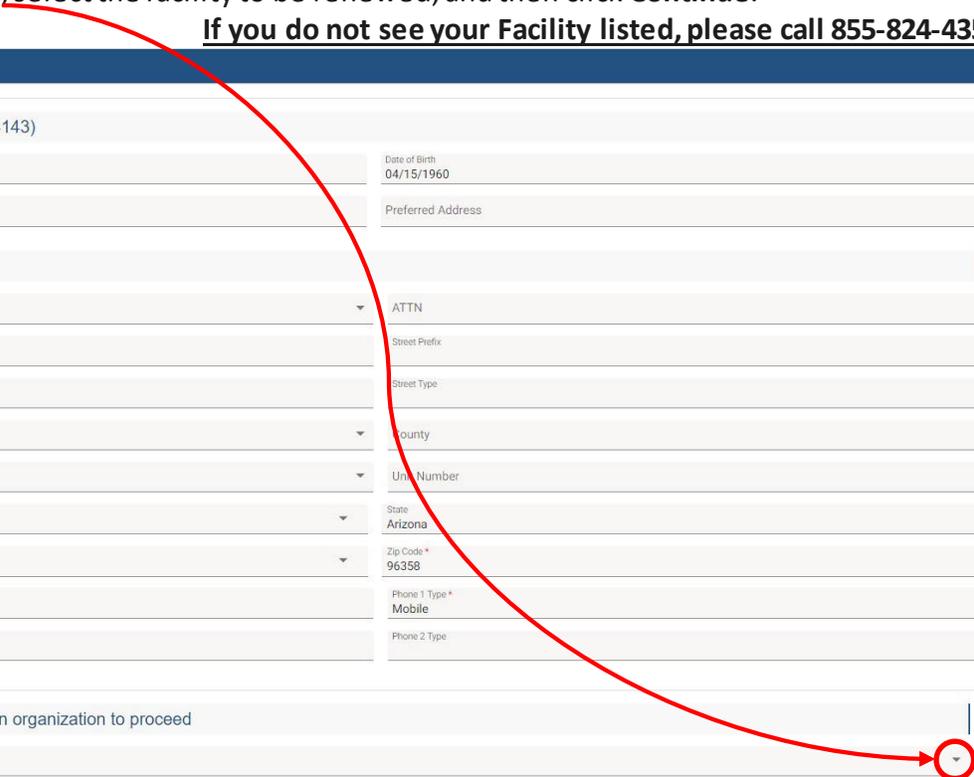
Name Johnny Tester	Date of Birth 04/15/1960
Email Address* johnny.testter@yahoo.com	Preferred Address

Physical Address Details

Address is	ATTN
House Number* 8965	Street Prefix
Street Name* Quest	Street Type
Street Direction	County
Unit Type	Unit Number
City* Panama	State Arizona
Country	Zip Code* 96358
Phone 1* 8529637412	Phone 1 Type* Mobile
Phone 2	Phone 2 Type

Select personal license or an organization to proceed

Select a Membership for your Actions



Select your company and click on **Continue**.

Select personal license or an organization to proceed

Personal Licenses

Fake Company INC

[Continue](#) [Reset](#) [Addressed](#)

STEP 3: My Programs

This will take to the **My Programs** page for your facility. Click **Renew** to begin the steps to process your license as shown below.

My Programs Johnny One Tester -Fake Company INC

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
MED 31251	Johnny Tester	Radiological Facility	Active	02/14/2023	03/01/2023	Faker Town	Details	Online Services	Renew

Items per page: 5 1 - 1 of 1

Make Payment

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.

Are you sure you really want to renew this program?

Ok Cancel

A pop-up will appear. Click OK to **Continue**.

NOTE: If you do not see **Renew**, you cannot renew your certification at this time or if you have already started a renewal (under Status in column 4 it will say Renewal) and exited before completion, click on **Edit** under the Details column.

My Programs Johnny One Tester -Fake Company INC

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
MED 31266		Radiological Facility	Renewal			Faker	Edit	Online Services	

Items per page: 5 1 - 1 of 1

Make Payment

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- Click on Renew (when displayed) to complete a renewal application.
- Click on Edit (if displayed) to complete a pending application.

STEP 4: Application Form

The **Application Form** will appear on the next screen. Click the drop down on the right side of the **Affirmation** section, and answer “Yes” or “No” to the questions provided.

Application Form

Radiological Facility - Medical/Chiro

Applicant: Johnny Tester

Facility: Fake Company INC

Application Form

Affirmation

Facility Details

Application Form Details

Equipment List

Mobile Sites

STEP 5: Application Form Details

IF you have new equipment to add, please email your license number and the Report of Assembly FDA2579 form (see below) your service provider has given you to radhealthia@idph.iowa.gov. Scroll down and click **Continue** when completed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
IOWA AND IRRADIATION DIVISION
REPORT OF ASSEMBLY
OF A DIAGNOSTIC X-RAY SYSTEM

1. EQUIPMENT LOCATION

2. ASSEMBLER INFORMATION

3. GENERAL INFORMATION

4. COMPONENT INFORMATION

5. ASSEMBLER CERTIFICATION

FORM FDA 2579

A pop-up will appear. Click OK to **Continue**.

Are you sure you really want to submit all application form?

OK Cancel

STEP 6: Application Form Supplemental

The **Application Form Supplemental** will appear on the next screen. Click the drop down on the right side of the **Facility Contact List** section, to add a new contact to your list, or edit an existing contact. If you click Add then enter the contact details. Name, Email, and Phone Number are all that is required. Then click Save. When you have finished, click Continue at the bottom of the screen.

Application Form Supplemental

Radiological Facility - Medical/Chiro

Applicant: Johnny Tester
Facility: Fake Company INC

Process Free Form Description - Radiological Facility Application Review

Facility Contact List

Removed thru Web	Contact type *	Salutation	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License
<input type="checkbox"/>	Facility Contact		Johnny	Tester	8558244357	1johnnytester@gmail.com	

• Please click Save after entering each row.
• Just clean all fields if you do not need a specific row or new added row.

Add Save

A pop-up will appear. Click OK to **Continue**.

Are you sure you really want to submit all application form?

Ok Cancel

STEP 7: Process Description – X-ray Machine -

- Click on the Unit Information drop down, and review the information for your x-ray machine.

Process Description - X-ray Machine

Unit Information

Integrate a Mobile Unit? Yes No

Will you use mobile of your facility? Yes No

Machine Identification:

Date of Radiation Shielding Plan acceptance by DPR (DPR Office Use Only):

Machine Model:

Machine Serial #:

Date of Manufacture:

Installation Date:

Phone ID Number:

Service Provider - Company Name:

Service Provider - Registration Number:

Date of most recent certification/acceptance report:

- Then click on the drop down to the right of **Public Portal Affirmation**, select yes and click **Continue** at the bottom of the page.

Public Portal Affirmation

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

- If you have more than one x-ray machine you will repeat this process for each one.**
- When you are finished with **ALL** of your x-ray machines, a pop-up will appear. Click OK to **Continue**.

Are you sure you really want to submit all application form?

Ok Cancel

STEP 8: Terms and Conditions

Check the box to agree to Terms and Conditions and click **Continue**.

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 9: Make a Payment

- To make a payment, click **Pay Now**, and then click **Pay Now** again on the next screen.
- You can enter your payment information at that time.

Make Payment

Thank you for completing your Application or Request. If you have fees due, you may select **Pay Now** button to continue **online payment**. (Credit, Debit cards or E-Checks acceptable).

If you wish to Pay Later or Pay Check or Internal Transfer, select **Pay Later** option.

Note:

If you want to send a **Pay Check** to IDPH Program Office, please enter a **Reference Row ID #** on the **Memo field of the Check**. **Reference Row ID # is displayed below the Fee Details in this page.**

If your fees are due, your application is not considered 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.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
383261	Radiological Facility	Medical/Chiro	Renewal	Radiological Equipment Fee	\$120.00	No
383261	Radiological Facility	Medical/Chiro	Renewal	Radiological Equipment Fee	\$120.00	No

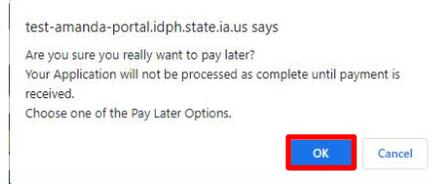
Fee Amount: \$240.00 **Paid Amount:** \$00.00 **Fee Due:** \$240.00

Pay Later **Pay Now**

Payment Later Options

- If you would like to mail in your renewal with a check, click **Pay Later**.
- **BE SURE TO INCLUDE A COPY OF THE INVOICE WHEN YOU MAIL YOUR CHECK.**
- If you want to make a payment later, see **Pay Later** instruction on the next page.

- If you want to make a payment later or are sending in a check click **Pay Later**.
- A pop up will appear, click ok.



- In the **Payment Later Options** dropdown select an option, i.e.: **Check**.

Make Payment

Thank you for completing your Application or Request. If you have fees due, you may select **Pay Now** button to continue **online payment**. (Credit, Debit cards or E-Checks acceptable).

If you wish to Pay Later or Pay Check or Internal Transfer, select **Pay Later** option.

Note:

If you want to send a **Pay Check** to IDPH Program Office, please enter a **Reference Row ID #** on the **Memo field of the Check**. **Reference Row ID # is displayed below the Fee Details in this page.**

If your fees are due, your application is not considered 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.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
392178	Radiological Facility	Medical/Chiro	Renewal	Radiological Equipment Fee	\$120.00	No
392178	Radiological Facility	Medical/Chiro	Renewal	Radiological Equipment Fee	\$120.00	No
				Fee Amount: \$240.00	Paid Amount: \$00.00	Fee Due: \$240.00

Payment Later Options
Check

- Once you have selected your **Payment Later Option** click **Pay Later** one more time.
- This will open **My Programs**. Click on **Details** listed under the **Details** column.

My Programs Johnny One Tester -Fake Company INC

Programs for Fake Company INC

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
		Radiological Facility	New			Faker	Details	Online Services	

Items per page: 5 1 - 1 of 1

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This will take you to **Program Details** where you will be able to print off a bill to include with your check.

The **Print Bill** instructions are on the next page.

STEP 10: Print Bill

Scroll to the bottom of **Program Details** and click on **Print Bill**.

Program Details

Radiological Facility - Medical/Chiro

License #	Application Date	Issue Date	Expiry date	Status	Description
	02/27/2023			New	Initial Folder

People Details

Role	LastName	FirstName	MiddleName	NameSuffix	Organization
Facility					Fake Company INC

Application Form

Affirmation

Reciprocity

Facility Details

Current Iowa Permit/Registration Number

Application Form Details

Equipment List

Mobile Sites

License Processes

Description	Status	Requested Date	Expiry Date
Application Review			
Equipment			

Fees

Fee List

Bill Number	Description	Fee Amount
279785	Radiological Equipment Fee	\$120.00
279786	Radiological Equipment Fee	\$120.00
		Total: \$240.00

Payment

No Payment to be displayed.

[Print Bill](#) [Make Payment](#)

Total Dues: \$240.00

Click **PRINT** to get a copy for your printer to mail in with your check.

Bill (Copy)

Please click **PRINT** here for your bill copy if necessary.

Bill(Copy)

Billed To

Folder Name:	Fake Company INC
LPCRO No:	
Reference No:	392174

Receipt Details

Bill No	Fee Description	Bill Generated Date	Amount
392174 - 279785	Radiological Equipment Fee	02/27/2023	\$120.00
392174 - 279786	Radiological Equipment Fee	02/27/2023	\$120.00
			Total: \$240.00

[Back](#)

When you have **completed** your renewal registration, you can click the back arrows on your web browser to return to the portal to **log off**.

Revision 3/20/2023