

## HOW TO ADD EQUIPMENT:

If you want to **add more Equipment, Please login to the Portal.** Click on **My profile.** It appears similar to the below Screen. The company name should be listed in the left-hand column. Select the Particular Company and Click on **Continue.**

**IDPH REGULATORY PROGRAMS**  
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Profile PIN: 1969

**Basic Profile Details**

Name: Meghana Damers  
Date of Birth: 01/24/1991  
Email Address\*: meghanarao31@gmail.com  
Preferred Address: Physical Address

**Registered User's Memberships**

- ABL
- ABL ONE
- Mercy Hospital**
- Testing

Select a Membership for your Actions

**Physical Address Details**

ATTN:  City\*: Urbandale

Street Number\*: 123 County:

Street Prefix:  State\*: Iowa

Street Name\*: Oliver Smith Country:

Street Type\*: Drive Zip Code\*: 50322

Street Direction:  Phone 1\*: 8135703612 Home

Unit Type:  Phone 2:

Unit Number:  Phone 3:

[Continue](#) [Reset](#) [Addresses](#)

Click on **Details** to the Particular License.

**IDPH REGULATORY PROGRAMS**  
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Program Meghana Damers - Mercy Hospital

**Search Criteria**

License Number:

Program:

Status:

City:

[Search](#) [Reset](#)

**Programs for Mercy Hospital**

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
DENT10030	Meghana Damers	Radiological Facility	Active	09/28/2016	10/01/2017	Urbandale	<a href="#">Details</a>	<a href="#">Online Services</a>	

[Make Payment](#)

Click on **RADF Equipment List**. Click **ADD** button to add Equipment by entering **Equipment Type** and **Actions**. Click **Save**.

**IDPH REGULATORY PROGRAMS**  
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs > Program Details

Radiological Facility - Dental					
License #	Application Date	Issue Date	Expiry Date	Status	Description
DENT10030	09/28/2016	09/28/2016	10/01/2017	Active	Initial Folder

**People Details**

Role	Name
Applicant	Meghana Demers
Facility	Mercy Hospital

**Application Form** Expand All

- ▶ Affirmation
- ▶ Facility Details
- ▶ Reciprocity

**Application Form - Supplemental** Expand All

- ▶ **RADF Equipment List**
- ▶ Mobile Sites

Home > My Programs > Program Details

Home | Radiological Facility - Dental

License #	Application Date	Issue Date	Expiry Date	Status	Description
DENT10030	09/28/2016	09/28/2016	10/01/2017	Active	Initial Folder

Sign Off | Help

People Details

Role	Name
Applicant	Meghana Demere
Facility	Mercy Hospital

Application Form Expand All

- Affirmation
- Facility Details
- Reciprocity

Application Form Supplemental Expand All


- RADF Equipment List

Equipment Type	Current Status
Cone Beam CT <input type="button" value="v"/>	Active In Operation
Hand held <input type="button" value="v"/>	Active In Operation
Cone Beam CT <input type="button" value="v"/>	In Operation

• 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.

It popup's a Message box, Click Ok

Message from webpage

 The "Save" action will

- 1> Save all of information under the "Application Form Supplemental" section and
- 2> Upload all attachments and then
- 3> Refresh the whole current page.

Please make sure you have already input everything and verified all of your input (including Attachment section).

Click on **Edit** button to **add Unit Information** in the **Equipment Tab**

Home > My Programs > Program Details

Radiological Facility - Dental						
License #	Application Date	Issue Date	Expiry Date	Status	Description	
DENT10030	09/28/2016	09/28/2016	10/01/2017	Active	Initial Folder	

Home  
Sign Off  
Help

**People Details**

Role	Name
Applicant	Meghena Damers
Facility	Mercy Hospital

**Application Form** Expand All

- ▶ Affirmation
- ▶ Facility Details
- ▶ Reciprocity

**Application Form Supplemental** Expand All

- ▶ RADF Equipment List
- ▶ Mobile Sites

**License Processes** Collapse All

Description	Status	Requested Date	Expiry Date	Action
▶ Application Review				
Radiological Facility Application Review	Complete	09/28/2016		
▶ Equipment				
Cone Beam CT	Approved	09/28/2016		
Cone Beam CT	Open	09/28/2016		<a href="#">Edit</a>
Hand Held	Approved	09/28/2016		

Enter all the Unit Information and Public Portal Information. If you have multiple Equipment to enter the Unit Information Click on **Continue Edit**. OR You can click on **Continue/Payment** to pay the fee.

**IDPH REGULATORY PROGRAMS**  
**Radiological Health**  
**Permit to Practice**

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental

**Home** | Radiological Facility - Dental  
**Sign Off** | Applicant: Meghana Demers  
**Help** | Facility: Mercy Hospital

**Process Description - Cone Beam CT** | Collapse All

**Unit Information**

Is this unit a Mobile Unit?  Yes  No  
Is this unit used outside of your facility?  Yes  No

Machine Manufacturer: jack  
Date of Radiation Shielding Plan acceptance by IDPH. (IDPH Office Use Only):  
Machine Model: 123123  
Machine Serial #: 12313  
Date of Manufacture: 09/14/2016  
Installation Date: 09/14/2016  
Room ID Number: 123123  
Service Provider - Company Name: My  
Service Provider - Registration Number: 21313123  
Date of most recent calibration/service evaluation report: 09/07/2016

**Public Portal Affirmation**

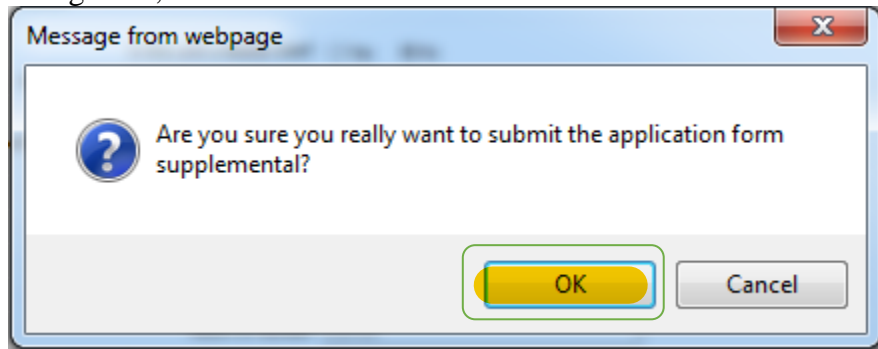
By checking this box, I am submitting this application for review with all required documentation and attachments.  Yes  No

**Attachment**

Attachment Description

Continue/Edit | Continue/Payment | Add New Attachment

It popup's a Message box, Click Ok



**IDPH REGULATORY PROGRAMS**  
Radiological Health

Facilities by Machine

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

Home  
Sign Off  
Help

Licence Details					
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount
3829	Radiological Facility	Dental	Active	Radiological Equipment Fee	\$39.00
3829	Radiological Facility	Dental	Active	Radiological Equipment Fee	\$39.00
3829	Radiological Facility	Dental	Active	Radiological Equipment Fee	\$39.00
<b>Total</b>					
Fee Amount: \$117.00			Paid Amount: \$78.00		Fee Due: \$39.00

Payment Later Options

Pay Later Pay Now

**IDPH REGULATORY PROGRAMS**  
Radiological Health

Facilities by Machine

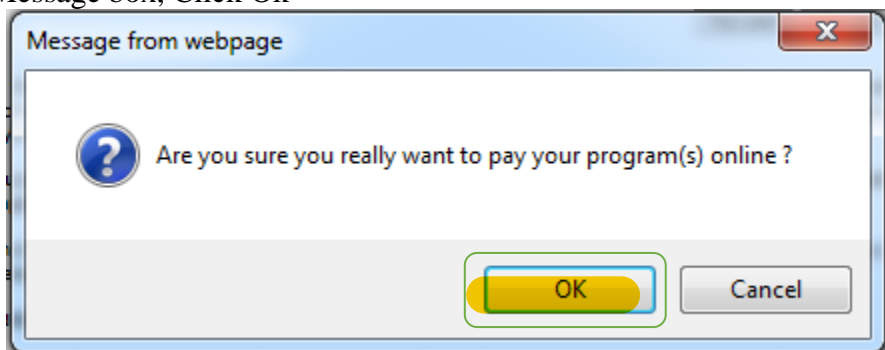
Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Home  
Sign Off  
Help

Fee Details		
Reference (Row ID) #	Product Fee Description	Fee Amount
3829	X-Ray Machine	\$117.00
<b>Total Fee Amount:</b>		\$117.00
<b>Total Paid:</b>		\$78.00
<b>Total Due:</b>		\$39.00

Pay Later Pay Now

It popup's a Message box, Click Ok





Electronic Payment Solutions

### 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: Damera  
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: 8133703612  
Email Address: meghanad31@gmail.com

#### Payment Method

Payment Method:  Credit Card  
 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 to the previous page to make changes to your payment.

### Payment Details

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

### Payment Method

<b>Payer Name</b>	Meghana Damera
<b>Card Number</b>	*1111
<b>Expiration Date</b>	Feb-2017
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	meghanarao31@gmail.com

### Billing Address

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

### Contact Information

<b>First Name</b>	Meghana
<b>Last Name</b>	Damera
<b>Address 1</b>	123 Oliver Smith Drive
<b>City/Town</b>	Urbandale
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	50322
<b>Country</b>	United States
<b>Phone Number</b>	8135703612
<b>Email Address</b>	meghanarao31@gmail.com

[Confirm](#) [Back](#)





## Confirmation

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

Confirmation Number **IOWDPH003856717**

### Payment Details

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

### Payment Method

<b>Payer Name</b>	Meghana Demera
<b>Card Number</b>	*1111
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	meghanarao31@gmail.com

### Billing Address

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

[Continue](#)