# INSTRUCTIONS TO UPLOAD DOCUMENTS TO A COMPLETED LICENSE / PERMIT / CERTIFICATION / REGISTRATION

Use the following link to access the online licensing system: https://dphregprograms.iowa.gov

For assistance with navigating the licensing portal, or finding a username / resetting a password, contact the Regulatory Programs AMANDA Help Desk: 1-855-824-4357 adperehreg@idph.iowa.gov.

**These instructions assume you have already created an A&A account to login**. If you have not created an account, go back to the IDPH Regulatory Programs site and follow the "How to create an account" instructions.

NOTE: It is recommended to use this site with either Google Chrome or Safari.

If you are uploading documents for a mammography and/or stereotactic biopsy registration, you must upload proof of continuing education and experience.

### **STEP 1: SIGN IN WITH YOUR EXISTING ACCOUNT**

1) Click Sign In on the Public Portal and login to your account using you're A&A credentials.



2a) Adding attachments to <u>Individual</u> Licenses / Permits / Certifications: After signing in, click Continue at the bottom of the profile page.

Home		Basic Profile Det	ails				PIN: 349
Sign Off		Name: Data of Rirthy		Dorothy			
Help		Email Address*:		dnite333@yahoo.com			
Ticip		Preferred Address:		•			
Registered User's Mer	mberships	Physical Address	s Details				
	*	Address is:	Home V		ATTN:		
K Dental		Street Number*:	312		City*:	Des Moines	•
		Street Prefix:	East	T	County:	lowa 🔻	
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		Street Type*:	Street	•	Country:		<b>T</b>
		Street Direction:		T	Zip Code*:	50319	
		Unit Type:		¥	Phone 1*:	5157254147	Work
		Unit Number:			Phone 2:		

#### 2b) Adding attachments to **Business or Facility Registrations ONLY**:

After signing in, select the company located in the "Registered User's Memberships Box" first, then click "Continue" at the bottom of the page.

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Home Sign Off		Name: Date of Birth:		Dorothy Knight 08/04/1956			FIN. 34	
Help		Email Address*:		dnite333@yahoo.com				
Registered User's Member	ships	Physical Address Details						
		Address is:	Home v		ATTN:			
K Dental		Street Number*:	312		City*:	Des Moines		
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		Unit Type:		¥	Phone 1*:	5157254147	Work	
		Unit Number:			Phone 2:			

#### **STEP 2: ENTER INTO THE DETAILS OF THE LICENSE**

- 1) Locate the Active license number you wish to attach documents to.
  - a. NOTE: If you are attaching documents to a completed New or Renewal application, look for the license application that has a status of "New" or "Renewal."
- 2) Click on **Details.** (Note: if the application is incomplete, there will be an "**Edit**" option instead. Refer to the renewal instructions for details on adding attachments.)

IDPH REGULATORY PROGRAMS Radiological Health   Emergency Medical Services  Environmental Health										:h
Home > My F	rograms								Dorothy K	Cnight
Home										1
Public Sea	irch									
My Profile										i i
New Com	oany Registrat	ion								1
Apply for a	a Program									
Sign Off	-									
Help										
Programs for	r Dorothy Knight									_
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online S	ervices F	lenew
WORK10036	Dorothy Knight	Plumbing and Mechanical Systems Lead Professionals	Active	01/14/2019	01/14/2022	Des Moines Des Moines	Details	Online S	ervices ervices	
RAD100131	Dorothy Knight	Permit To Practice	Active	04/09/2019	04/30/2020	Des Moines	Details	Online S	ervices	
	72. 180								Make Pay	ment

## **STEP 3: ADD ATTACHMENTS**

If you are uploading documents for a mammography and/or stereotactic biopsy registration, you must upload proof of continuing education and experience.

Go to <u>https://idph.iowa.gov/mammography/physicists</u> for additional information on mammography and stereotactic continuing requirements.

1) The details of the license/permit/certification/registration will appear. Scroll to the bottom of the page and click **Add New Attachment**.

IDPH REGUL Radiological	ATOR Health	Y PRO	GR	AMS	(			
Permit to Practi	ce							
Home > My Programs > Program I	Details Frmit To Practice	- Permit to Pra	rtice					
Home	License #	Applicatio	n Date	Issue Date	Expiry Dat	e Status	Description	n
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Help People Details								_
People Details								
Role		Name(Last	Name Firs	tName MiddleName	NameSuffix)			
Applicant			I.	angin Dorony				
Application Form							Expa	and Al
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IDPH Managed Details								
IDPH Reference								
Application Form Details							Collap	ose All
<ul> <li>Classifications</li> </ul>								
Continuing Education Detai	ls							
License Processes							Expa	and Al
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Application Review								
Permit to Practice Applicat Review	Permit to Practice Application Review Complete			04/09/2019				
License/Permit								
Limited Exam Candidate	Ex	am Complete	-	03/12/2019				
Limited Radiologic Technolo Podiatric Radiological Exa	ngist	Approved	0	04/09/2019			0.0	-
Candidate		Open		04/09/2019			Edit	
Fees								
Fee List			10	Payment			-	
Bill Number Desc 16958 RADI Limited Radiog 16959 RADI Ltd General	cription graphy Exam Car I Rad Tech Initial	Fee A Total \$	mount 135.00 \$60.00 195.00	Payment Number 6569 6570	Payment Type Credit Conversion	Payment Date 04/09/2019 04/09/2019 Tota Total Du	Payment Am \$1 \$1 1 \$1 e: \$0.00 Re	135.00 60.00 195.00 eceipt
Attachments								
Attachment Description					Add Now	ttachmont	Upload Attach	ment
Online Services					Aud New A	huduiment		Back

- 2) Click the arrow on the drop-down menu to view the options for type of attachment; choose the closest match to the file you're attaching.
- 3) Next, provide a short description of the type of document you are attaching.
- 4) Repeat this process for additional attachments.
- 5) When all files have been attached, click Upload Attachments.

Accred/Auth Certificate						Expand
Affidavit of Employment	tus	ų.	Requested Date	1	Expiry Date	J.
Application File						
Court Documents						
Crystal Report	to Fairs		02/05/2010	1		1
Dipioma First aid cortificato	te rees		0370372019			
Industrial Radiography Card						
LEAD Individual Photo						
Letters						
License	oved		03/05/2019			
Non-Iowa Permit/Certification/Registration		10		12		
Photo						
Physician Records		Pay	nent			
Proof of Age						
RADI Id Wallet Card		No pa	yment to be displaye	ed.	<b>*</b>	1.0. 00
Radiation Shielding Plan					101	ai Due: 50
Receipt	-					66
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## **STEP 3: LOG OUT**

When you have finished uploading attachments, click Sign Off.

IDPH REGULATORY PROGRAMS Radiological Health Permit to Practice									
Home	Permit To Practi	ce - Permit to Practice							
Sign Off	License #	Application Date 03/05/2019	Issue Date	Expiry Date 08/25/2021	Status New	Description Initial Folder			
Help									
People Details									
People Details									
Role Applicant		Name(LastName Fir	stName MiddleName Knight Dorothy	NameSuffix)					