# 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.

lome > My Profile Home Basic Profile Details			ails	PI					
Sign Off		Name: Date of Birth:		Dorothy 08/04/19					
Help		Email Address*:		dnite333@yahoo.com					
Ticip		Preferred Address:			•				
Registered User's Mer	mberships	Physical Address	s Details			11.			
	*	Address is:	Home v		ATTN:				
K Dental		Street Number*:	312		City*:	Des Moines	▼		
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		Street Type*:	Street	•	Country:		T		
		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.

lome > My Profile		Basic Profile Det	aile				PIN: 34	
Home Sign Off		Name: Date of Birth:	Dorothy Knight 08/04/1956		-	FIN. 34		
Help		Email Address*: Preferred Address:		dnite333@yahoo.com				
Registered User's Members		Preferred Address:  Physical Address Details						
		Address is:	Home v		ATTN:			
K Dental		Street Number*:	312		City*:	Des Moines	<b>T</b>	
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	1	Street Direction:		•	Zip Code*:	50319		
		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.)

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Home > My P	rograms								Dorothy	Knight
Home										
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New Comp	oany Registrat	ion								
Apply for a	a Program									
Sign Off										
Help										
Programs for	r Dorothy Knight									
License #	Applicant Dorothy Knight	Program Plumbing and Mechanical Systems	New		Expiry Date	City Des Moines	Details Details		Services Services	Renew
WORK10036 RAD100131	Dorothy Knight Dorothy Knight	Lead Professionals Permit To Practice		01/14/2019 04/09/2019	01/14/2022 04/30/2020	Des Moines Des Moines	-		Services Services Make Pi	avment

## **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		PROGR	AMS	(		
Permit to Practi	ce					
Home > My Programs > Program [	Details					
Home	rmit To Practice - Pe License #		Incure Date	Evering Det	o Ctotuo	Description
Sign Off	RAD100131	Application Date 03/12/2019	Issue Date 04/09/2019	Expiry Dat 04/30/2020		Description Initial Folder
Help						
People Details						
People Details Role		Name(I astName Fir	stName MiddleName	Name Suffix)		
Applicant			Knight Dorothy	nume ourney		
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<ul> <li>Classifications</li> </ul>						
Continuing Education Detail	s					
License Processes	115					Expand A
Description	S	tatus	Requested Date	E	xpiry Date	Action
<ul> <li>Application Review</li> </ul>						
Permit to Practice Applicati Review	ion Co	mplete	04/09/2019			
License/Permit						
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ttachment Description						
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Online Services						Bac

- 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	5	Requested Date	•	Expiry Date	l)
Application File						
Court Documents						
Crystal Report	te Fees		03/05/2019			1
Diploma First aid certificate	te rees		03/03/2019			
Industrial Radiography Card						
LEAD Individual Photo						
Letters						
License	oved	E E	03/05/2019			1
Non-Iowa Permit/Certification/Registration		223				
Photo						
Physician Records		Payı	nent			
Proof of Age Proof of Certification						
RADI Id Wallet Card		No pa	yment to be display	ed.	_	
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Receipt	<b>*</b>					6
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				A	-	Asterio
				Add New Atta	cnment Upload	Attachme

## **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)				