

## INSTRUCTIONS TO APPLY FOR A MEDICAL PHYSICIST

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.** If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs - Permit to Practice Page and follow the “How to create an account” instructions.

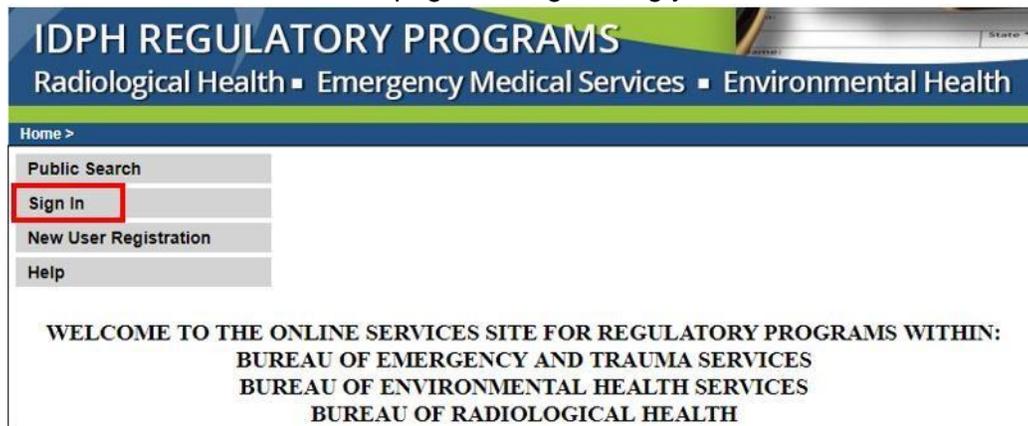
**NOTE:** You must use either **Google Chrome** or **Safari** when applying online.

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

**IN ORDER TO AVOID DELAYS IN THE APPLICATION PROCESS** - If you are applying for a mammography and/or stereotactic biopsy registration, you must upload proof of continuing education and experience annually at the time of application.

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

Click **Sign In** on the Public Portal home page and login using your account details.



When you are logged in, click **Continue** at the bottom of your profile.

Home > My Profile

Home	Basic Profile Details		PIN: 1892
Sign Off	Name:	Adper Amandaone	
Help	Date of Birth:	11/24/1991	
	Email Address*:	meghanadamer@gmail	
	Preferred Address:	▼	
Registered User's Memberships	Physical Address Details		
	Address is:	▼	ATTN: ▼
	Street Number*:	09	City*: Des Moines ▼
	Street Prefix:	North ▼	County: Page ▼
	Street Name*:	Oliver	State*: Iowa ▼
	Street Type*:	Drive ▼	Country: US ▼
	Street Direction:	▼	Zip Code*: 56789
	Unit Type:	▼	Phone 1*: 8990900900 Work ▼
	Unit Number:	▼	Phone 2: ▼ Home ▼
Select a Membership for your Actions	<input type="button" value="Continue"/> <input type="button" value="Reset"/>		<input type="button" value="Addresses"/>

## STEP 2: APPLY FOR A PROGRAM

You will be taken the **My Programs** page. Click **Apply for a Program**.

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Programs Amanda LaunchIT - PMSB Anani

Home
Public Search
My Profile
Company Profile
Member Management
<b>Apply for a Program</b>
Sign Off
Help

Programs for PMSB Anani

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
<input type="button" value="Make Payment"/>									

You will be redirected to select a program. Click on a program from the dropdowns:

- **Program**: Select **Medical Physicist**
- **Program Detail**: Select only one at a time. You will need to do three separate applications if you want all three approvals. □ Click **Continue**.

**Apply for Program**

Program: Medical Physicist

Program Detail: Mammography  
Radiation Therapy  
Stereotactically guided breast biopsy

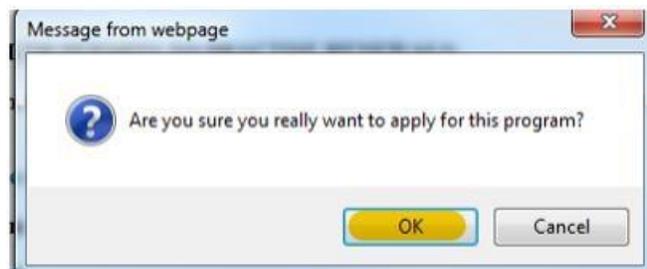
Cancel Continue

**TH PERMITS TO PRACTI**

als before August 2017 you must complete the application in order to get the correct

A pop-up message will appear. Click **OK**.

### STEP 3: APPLICATION FORM & APPLICATION FORM DETAILS



You will now be directed to the Application page.

- On this Application Form, you will need to complete all required information for each of the fields.
- **Fields with Asterisks or highlighted in a pink color must be completed before you can move to the next screen in the Application Process.**
- Please enter the information in the non-required fields to assist us in reviewing your application.
- In the “Rad Therapy Degree Info” section, enter the degrees that qualify you as a Medical Physicist for Radiation Therapy only. Do not enter anything into this tab for mammography or stereotactic breast biopsy.

Click the Orange arrows or click **Expand All** to view all the information fields.

When you have completed all the sections in the Application Form and Application Form Details sections, click **Continue**.

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



### STEP 3: RADIATION THERAPY CONTACT LIST

You will now be taken to the Application Form Supplemental page. Click the Orange arrow or click Expand All to view all information fields in the Radiation Therapy Contact section.

Click the **Add** button to enter the required Employer information, then click **Save**. Use the scroll bar to view additional fields.

If you need to add Attachments, proceed to STEP 4.

Process Free Form Description - MPHY Radiation Therapy Application Review Collapse All

▼ Radiation Therapy Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address
Current Employer	Amanada	Test	515-555-5555	amandatest@email.com

• 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

**Attachment**

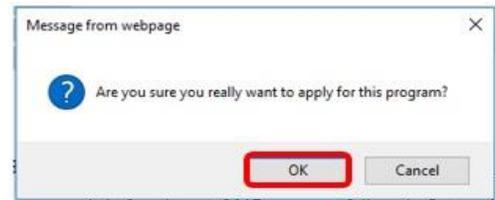
Attachment Description

Add New Attachment

Cancel **Continue**

If you do not need to add attachments, click **Continue** to proceed to the next page.

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



## STEP 4: ADDING ATTACHMENTS

**If you are applying for a mammography and/or stereotactic biopsy registration, you must upload proof of continuing education and experience at the time of application.** This includes proof of the following:

- 15 mammography CME's completed within the most recent 36 month time period,
- Updated list of mammography continuing experience (surveys completed) within the most recent 24 month time period,
- 3 stereotactic biopsy CME's completed within the most recent 36 month time period,
- Updated list of stereotactic biopsy continuing experience (surveys completed) within the most recent 24 month time period.

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

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

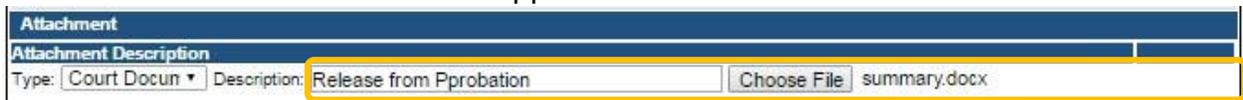


Click to select the **Type** of attachment and **Select one of the** following from the list:

- Enter a description of the file, and then Click  .
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.



The name of the document should appear next to



Continue this process for each document needing to be attached.

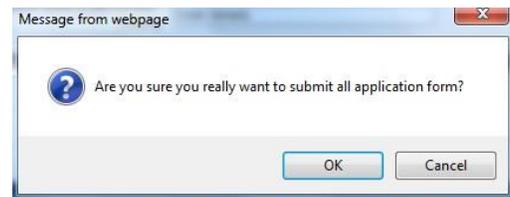
Continue this process for each document needing to be attached.

- If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.
- If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.
- You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

**DO NOT CLICK CANCEL** – this will void your entire application.

**WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.**

A pop-up message will appear. Click **OK** to proceed to the next page.



## STEP 10: TERMS AND CONDITIONS

Read the **Terms and Conditions** page. If you agree, check the Box next to I agree with the terms and conditions. Click **Continue**.

# Medical Physicists

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

- Home
- Sign Off
- Help

## Terms and Conditions

### 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 11: PAYMENT

If you need to attach additional documentation click the **Pay Later** button.

- If you click the Pay Later button, you will get a reminder pop-up that your application is not considered submitted until payment is made.
- You will be returned to your **My Programs** page where you will see your registration listed and its status.
- When you are ready to complete the application process, go to the appropriate section and double click on the details.

If you are ready to pay, select **Pay Now**, and then **Pay Now** again on the following screen, and you will be directed to the online payment system.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
538824	Medical Physicist	Radiation Therapy	New	MPHY - Radiation Therapy Fee	\$100.00	No
Total						
					Fee Amount:	\$100.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$100.00
					<input type="button" value="Pay Later"/>	<input type="button" value="Pay Now"/>

Select **Payment Method**, and fill in your payment details. Click **Continue**.

Payment Information

<b>Frequency</b>	One Time
<b>Payment Amount</b>	\$50.00
<b>Payment Date</b>	Pay now

Contact Information

<b>First Name</b>	Adger
<b>Last Name</b>	Amandaone
<b>Company</b>	(Optional)
<b>Address 1</b>	09 N Oliver Drive
<b>Address 2</b>	(Optional)
<b>City/Town</b>	Des Moines
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	56789
<b>Country</b>	US
<b>Phone Number</b>	8990900900
<b>Email Address</b>	adperamandaone@gmail.com

Payment Method

Payment Method

[Continue](#) [Cancel](#)

The following page is your confirmation page.

Confirmation

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

Confirmation Number **IOWDPH004000710**

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>	██████
<b>Payment Date</b>	11/22/2016
<b>Status</b>	PROCESSED

Payment Method

<b>Payer Name</b>	Adger Amandaone
<b>Card Number</b>	*1111
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	adperamandaone@gmail.com

Billing Address

<b>Address 1</b>	09 N Oliver Drive
<b>City/Town</b>	Des Moines
<b>State/Province/Region</b>	IA
<b>Zip/Postal Code</b>	56789
<b>Country</b>	United States

[Continue](#)

Please keep a record of your **Confirmation Number** or **print this page** for your records. Click **Continue** to return to your A&A profile.