

Instructions to Apply for Radiological Health Permit to Practice

Use the following link to access the online licensing system:

<https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index>

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.

Step 1: Sign In with Existing Account

When you have signed in to the Public Portal, you should see your **Profile Page**. If nothing needs to be changed on that screen click on the **Apply for a Program** tab along the left side of the screen. If changes need to be made on the **Profile Page** then make those changes and then click **Continue**.

The screenshot displays the 'My Profile' page in the IDPH Regulatory Programs portal. The sidebar on the left includes navigation links: Home, Public Search, My Profile, New Company Registration, My Programs, **Apply for a Program** (highlighted with a red circle), Sign Off, and Help. The main content area is titled 'My Profile' and contains the following sections:

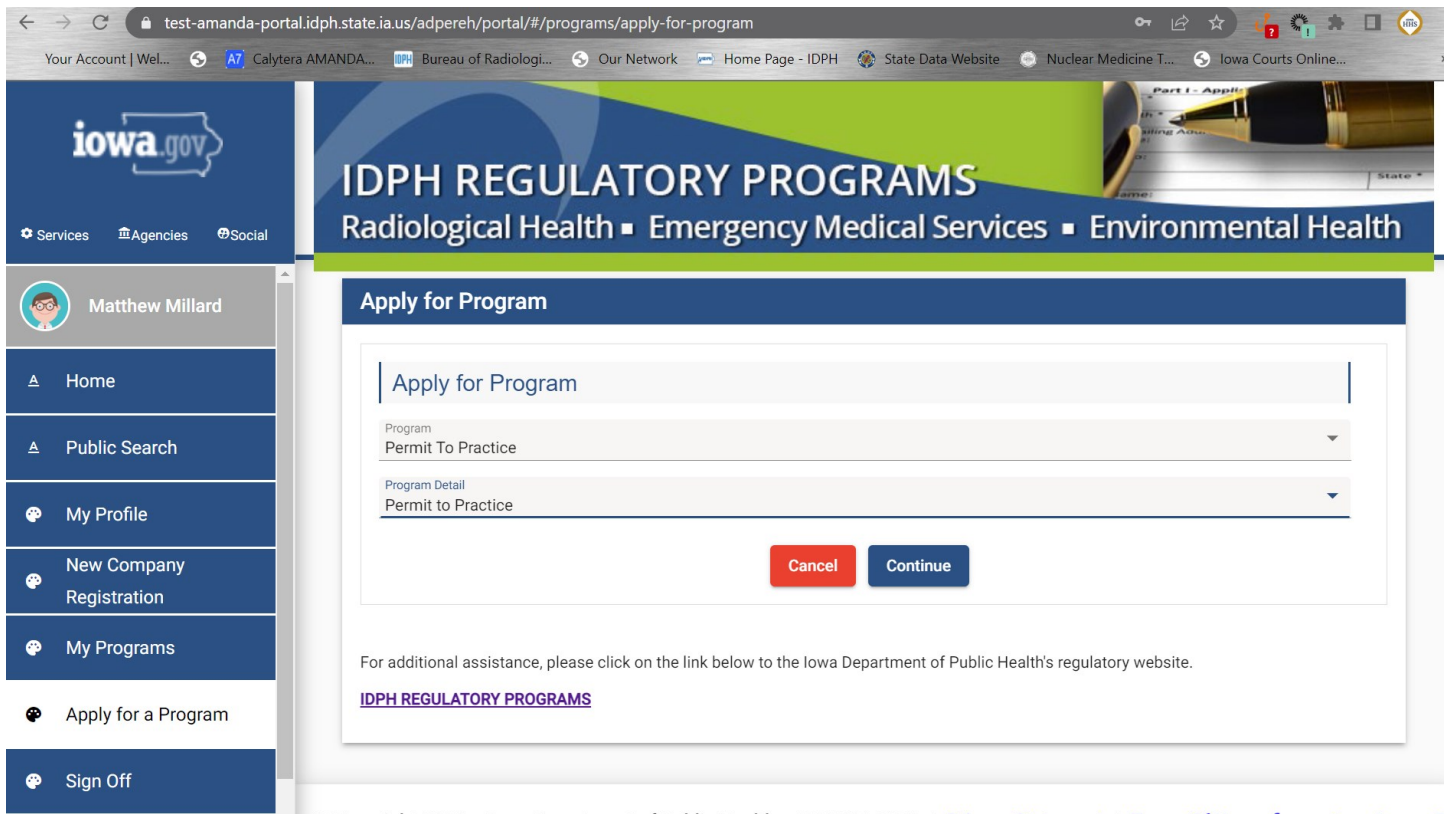
- Basic Profile Details - (PIN: 112602)**
 - Name: Matthew Millard
 - Date of Birth: 06/22/1969
 - Email Address: [Redacted]
 - Preferred Address: [Redacted]
- Physical Address Details**
 - Address is: ATTN
 - Issue Number: 1234
 - Street Name: Anywhere
 - Street Type: Avenue
 - Street Direction: County
 - Unit Type: [Redacted]
 - Unit Number: [Redacted]
 - City: Des Moines
 - State: Iowa
 - Country: [Redacted]
 - Zip Code: 50313
 - Phone 1: 5155552369
 - Phone 1 Type: Primary
 - Phone 2: [Redacted]
 - Phone 2 Type: [Redacted]

At the bottom of the page, there are three buttons: **Continue** (circled in red), **Reset**, and **Addresses**. Below the buttons, a message reads: "WELCOME TO YOUR PROFILE PAGE!".

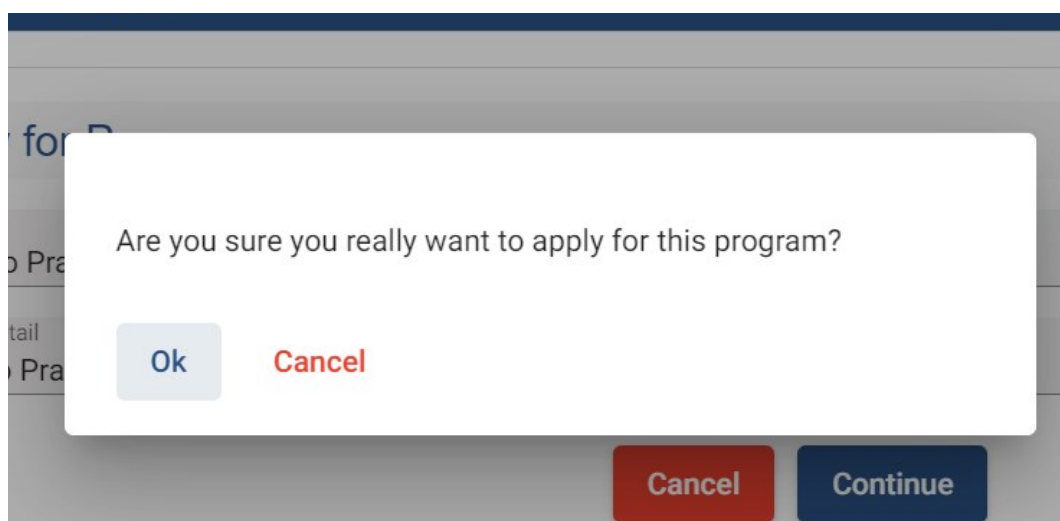
If you made changes and clicked the **Continue** button, now click on the **Apply for Program** tab.

Step 2: Apply for a Permit

When you arrive at the following page: Select **Permit to Practice** as the **Program** and then select **Permit to Practice** for the **Program Detail**. Then click **Continue**.



A pop-up message will appear. Click **Ok** to continue with the application.



Step 3: Application Form

You will now be directed to the Permit to Practice 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.

Application Form

Permit To Practice - Permit to Practice

Applicant: Matthew Millard

Application Form

Affirmation ▼

Current Iowa Permit/Registration Number ▼

Application Form Details

Classifications ▼

Continuing Education Details ▼

Attachments

Attachment Description

Items per page: 5 ▼ 0 of 0 < >

[Add New Attachment](#) [Upload Attachments](#)

Step 4: Affirmation

Click on the **Affirmation** line to open that section of the **Application Form**.

All questions in this section are required.

If you answer Yes to any of the Affirmation questions, provide a brief description of all relevant activities into the text box provided below. Additional details can be provided in an attachment if necessary. (See Step 8 for instruction on how to add attachments.)

Application Form

Affirmation

Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. *

Yes No

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? *

Yes No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

Have you ever been convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. *

Yes No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? *

Yes No

If yes, include the date, location, reason, and resolution.

Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? *

Yes No

If yes, include the date, location, reason, and resolution.

Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *

Yes No

If yes, provide a description of the circumstances.

Step 5: Current Iowa Permit/Registration Number

IF YOU ARE APPLYING FOR THE FIRST TIME: Click No.

IF YOU ARE APPLYING FOR REINSTATEMENT: Click Yes and then provide your previous permit number in the text box to the right. (If you do not know your number, enter '0' instead.)

Current Iowa Permit/Registration Number

Have you ever held an Iowa license under certification, registration, or permit for this program? *

Yes No

If yes, please provide previous number.

Step 6: Application Form Details—Classifications

Click on the **Classifications** line under **Application Form Details**. Click **Add** to add each permit type you wish to apply for. Under **Type of Permit** select the appropriate permit from the list. Under **Action Requested** select **Add Classification**. Click **Save** once you have added all your Classifications.

NOTE: If you are apply for a **Limited Radiography Permit** then you must also choose the **Type of Limited** in the 2nd Column.

Application Form Details

Classifications

Type of Permit *	Type of Limited	Action Requested *	Classification Status

- 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**

Continuing Education Details

Application Form Details

Classifications

Type of Permit *	Type of Limited	Action Requested *	Classification Status
<ul style="list-style-type: none">• Bone Densitometry Equipment Operator• General Radiologic Technologist• Limited Nuclear Medicine Technologist• Limited Radiologic Technologist• Podiatric X-ray Equipment Operator			

Add **Save**

Continuing Education Details

Application Form Details

Classifications

Type of Permit *	Type of Limited	Action Requested *	Classification Status
General Radiologic Technologist		<ul style="list-style-type: none">• Add Classification• Allow Classification to Lapse• Renew Classification	

- 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**

Continuing Education Details

Step 7: Application Form Details—Continuing Education Details (CEs)

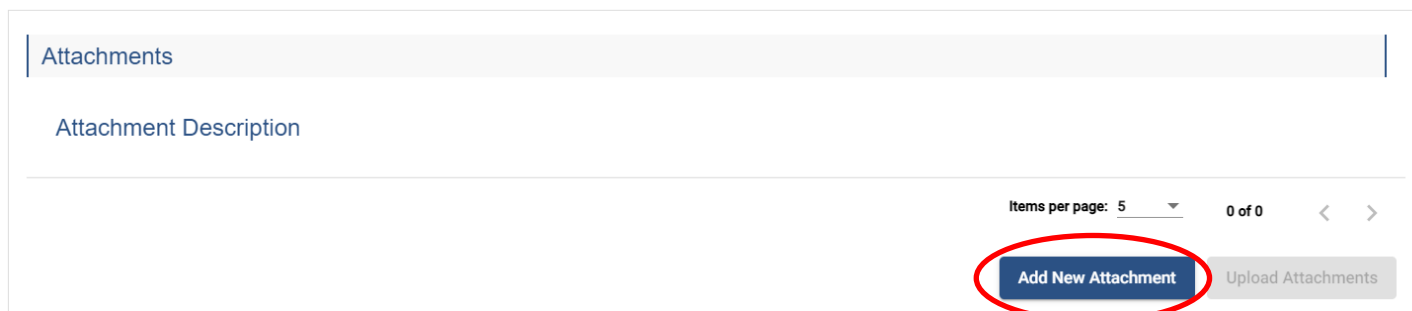
If you are a new applicant or applying for reinstatement, you do not need to enter CEUs here at this time.

Step 8: Attachments

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

Skip this step if you do not have any attachments to add.

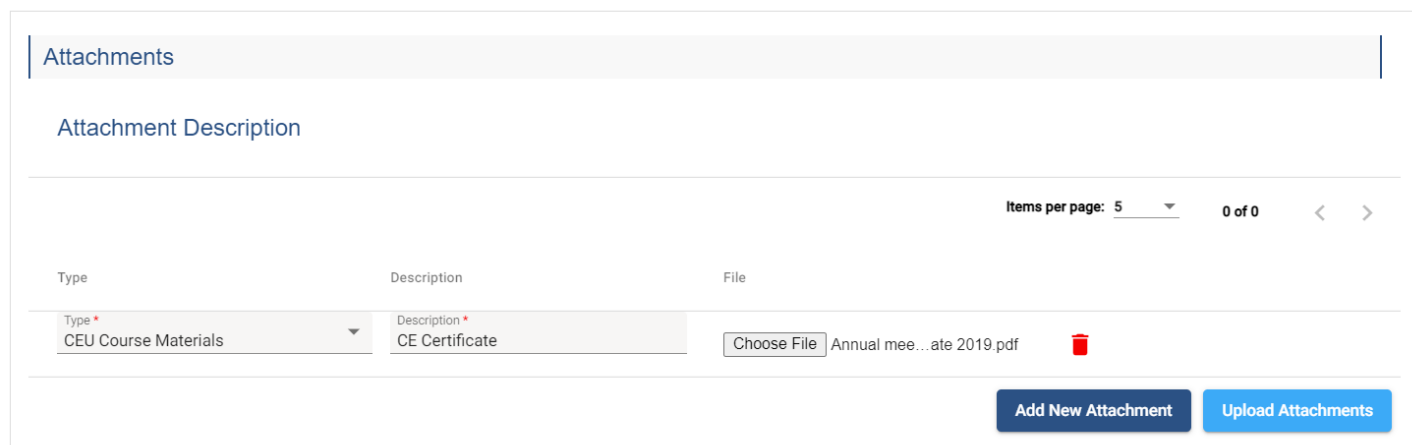
If you choose to add attachments, click on the **Add New Attachment** Button.



The screenshot shows the 'Attachments' section of the application form. At the top, there is a header 'Attachments' and a sub-header 'Attachment Description'. Below this, there is a table with a header row containing 'Type', 'Description', and 'File'. The table is currently empty. To the right of the table, there is a pagination control showing 'Items per page: 5' and '0 of 0'. At the bottom right of the table area, there are two buttons: 'Add New Attachment' (highlighted with a red circle) and 'Upload Attachments'.

- 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 **Choose File**
- This will open your devices folders. Navigate to where the document is stored on your device
- Double click on the document you want to attach

The name of the document should appear next to the **Chose File** button.



The screenshot shows the 'Attachments' section of the application form. The table now has one row with the following data: Type: 'CEU Course Materials', Description: 'CE Certificate', and File: 'Annual mee...ate 2019.pdf'. The 'Choose File' button is now disabled. At the bottom right of the table area, there are two buttons: 'Add New Attachment' and 'Upload Attachments'.

Cancel **Continue**

Continue this process for each document needing to be attached.

NOTE: 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.

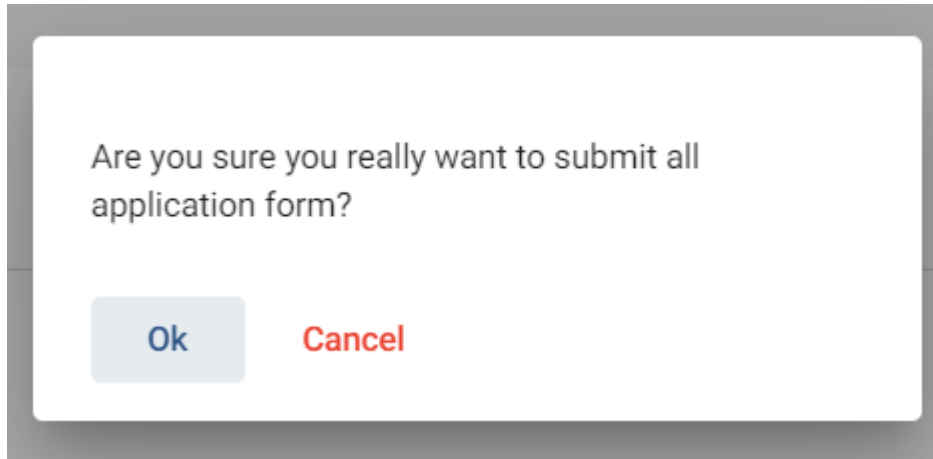
DO NOT CLICK CANCEL – this will void your entire application.

You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

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

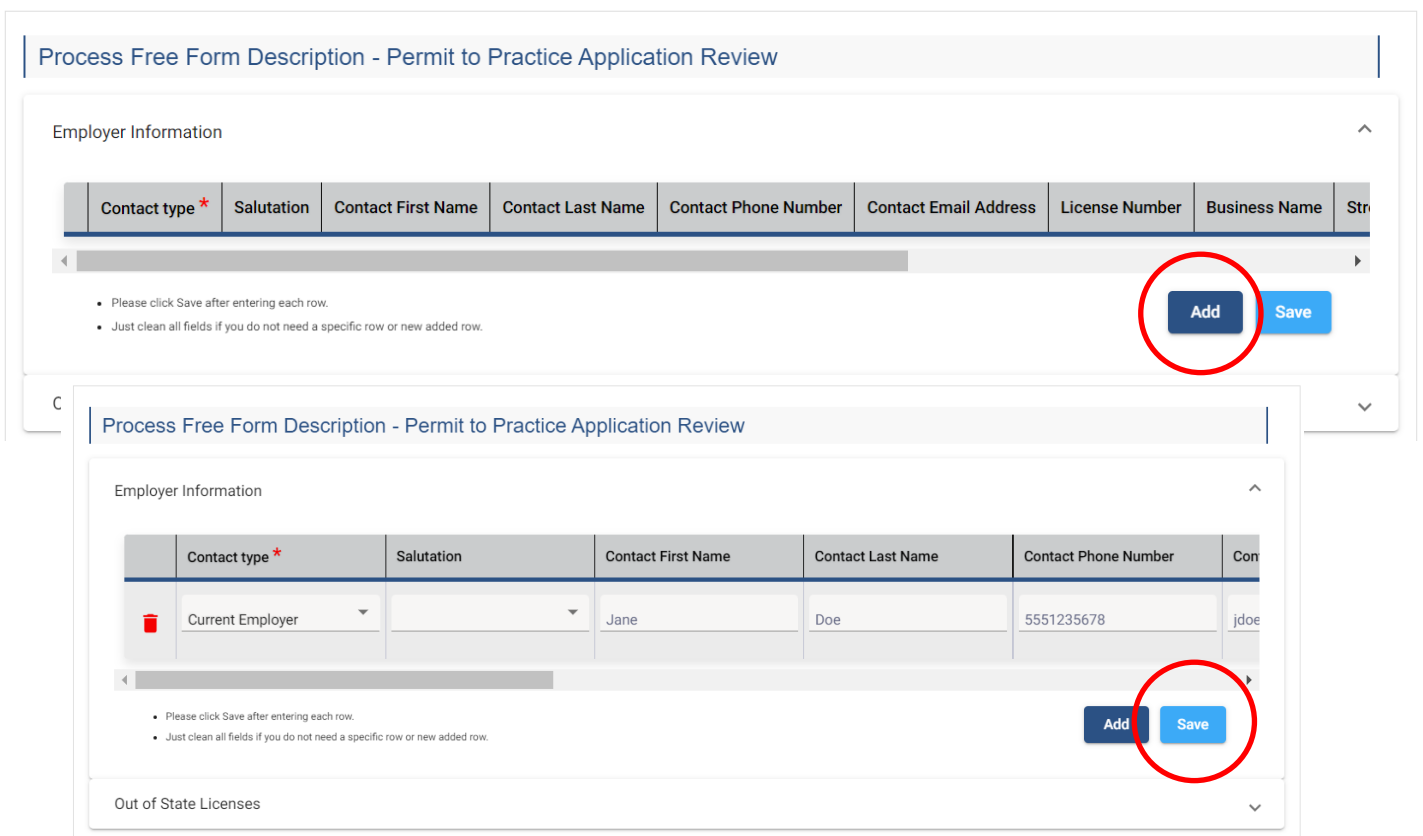
When you click **Continue**, a pop-up message will appear.

Click **OK** to proceed to the next page.



Step 9: Process Free Form Description - Permit to Practice Application Review

Click on the **Employer Information** line. Click the **Add** button to add the required Employer information and click **Save**.



Process Free Form Description - Permit to Practice Application Review

Employer Information


Contact type *	Salutation	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number	Business Name	Str

- 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

Process Free Form Description - Permit to Practice Application Review

Employer Information

Contact type *	Salutation	Contact First Name	Contact Last Name	Contact Phone Number	Con
 Current Employer		Jane	Doe	5551235678	jdoe

- 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

Out of State Licenses

Step 9: Process Free Form Description - Permit to Practice Application Review (cont.)

If you have any **Out of State Licenses** then click on the **Out of State Licenses** line. **Add** any Out of State Licensing information if applicable. After completing all the required fields, click **Save**.

The screenshot shows the 'Out of State Licenses' section of the application review process. It features a table with four columns: 'State of Issuance *', 'Type of License *', 'License Number *', and 'License Expiration Date *'. Below the table, there are two instructions: 'Please click Save after entering each row.' and 'Just clean all fields if you do not need a specific row or new added row.' To the right of the instructions, there are two buttons: 'Add' and 'Save', both of which are circled in red.

When all sections are complete, click the **Continue** button.

The screenshot shows the 'Attachments' section of the application review process. It features a table with one column: 'Attachment Description'. Below the table, there are two buttons: 'Add New Attachment' and 'Upload Attachments'. At the bottom of the page, there are two buttons: 'Cancel' and 'Continue', with the 'Continue' button circled in red.

When you click Continue, a pop-up message will appear. Click **Ok**

The screenshot shows a confirmation pop-up message with the text: 'Are you sure you really want to submit all application form?'. Below the text, there are two buttons: 'Ok' and 'Cancel'.

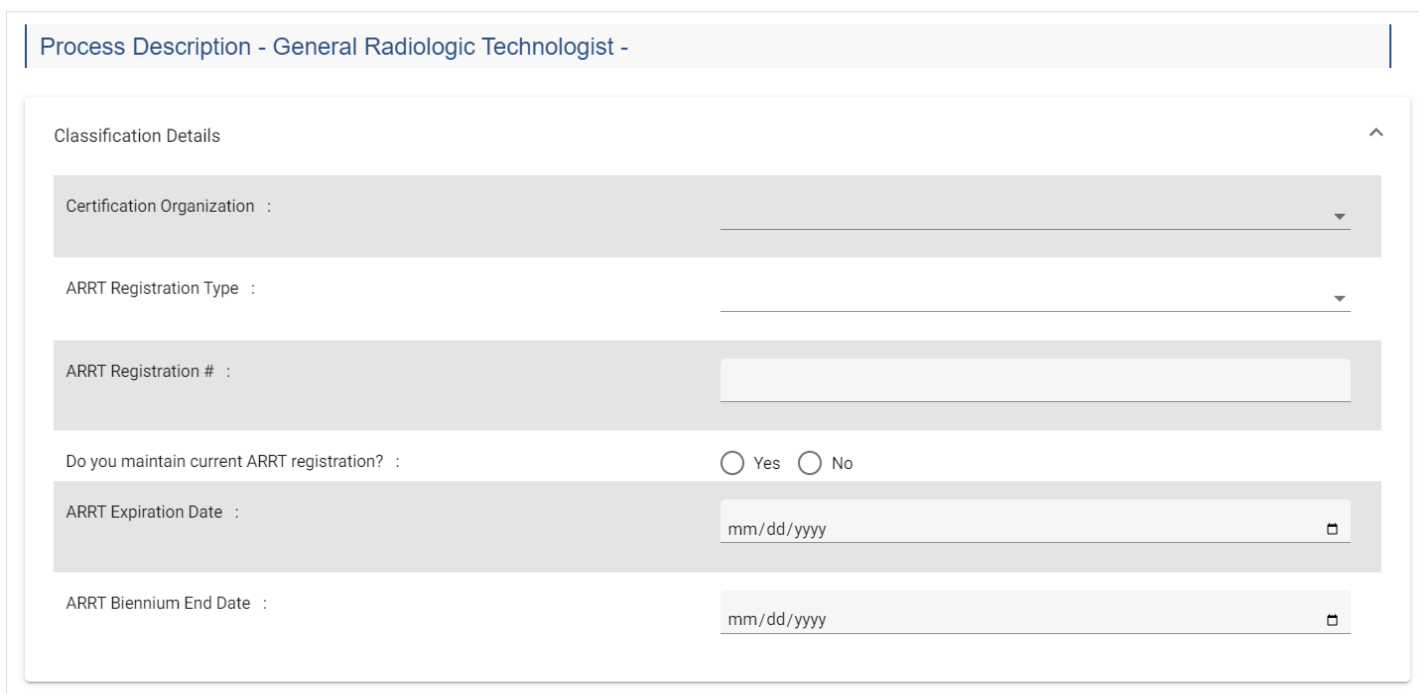
Step 10: Process Description - Classification Details

This screen will differ depending on what type of Permit you are applying for. Click on the **Classification Details** line fill out the information in the spaces provided under **Classification Details**.



A screenshot of a web interface showing a dropdown menu. The top bar is labeled "Process Description - General Radiologic Technologist -". Below it, a dropdown menu is open, and the option "Classification Details" is highlighted with a red circle. A small downward arrow is visible at the end of the dropdown.

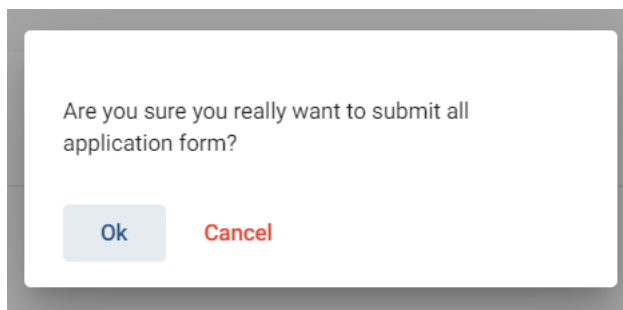
This is an example of the Classification Details for a General Radiologic Technologist:



A screenshot of a web form titled "Classification Details" for a "General Radiologic Technologist". The form contains several fields: "Certification Organization" (dropdown), "ARRT Registration Type" (dropdown), "ARRT Registration #" (text input), "Do you maintain current ARRT registration?" (radio buttons for Yes and No), "ARRT Expiration Date" (date input with "mm/dd/yyyy" placeholder and a calendar icon), and "ARRT Biennium End Date" (date input with "mm/dd/yyyy" placeholder and a calendar icon).

When you have completed all the sections on the page, click **Continue**.

When you click Continue, a pop-up message will appear. Click **Ok**



A screenshot of a confirmation pop-up message. The text inside the pop-up reads: "Are you sure you really want to submit all application form?". Below the text are two buttons: "Ok" (in blue) and "Cancel" (in red).

Step 10: Process Description - Classification Details

Nuclear Medicine Supplemental

If you are renewing a Nuclear Medicine Technologist Permit you will have additional questions to complete on the supplemental page.

- 1) Enter your NMTCB number in the space provided.
- 2) To add a CT endorsement, select “Yes” to the question “Do you wish to have a CT endorsement added?”
Make sure to attach documentation showing that you have passed an ARRT or NMTCB Computed Tomography Examination.

Process Description - Nuclear Medicine Technologist -

Classification Details

Certification Organization : Nuclear Medicine Technologist Certification Board (NMTCB)

ARRT Registration Type :

ARRT Registration # :

Do you maintain current ARRT registration? : Yes No

ARRT Expiration Date : mm/dd/yyyy

ARRT Biennium End Date : mm/dd/yyyy

NMTCB Registration Number : 123456

Do you wish to have a CT endorsement added to your Nuclear Medicine Technologist license? If yes please upload proof of passing CT examination from AART or NMTCB. Yes No

Step 11: 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**.

Terms and Conditions

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. 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 my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that 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 profession and I agree to comply with those provisions.

I agree with the terms and conditions.

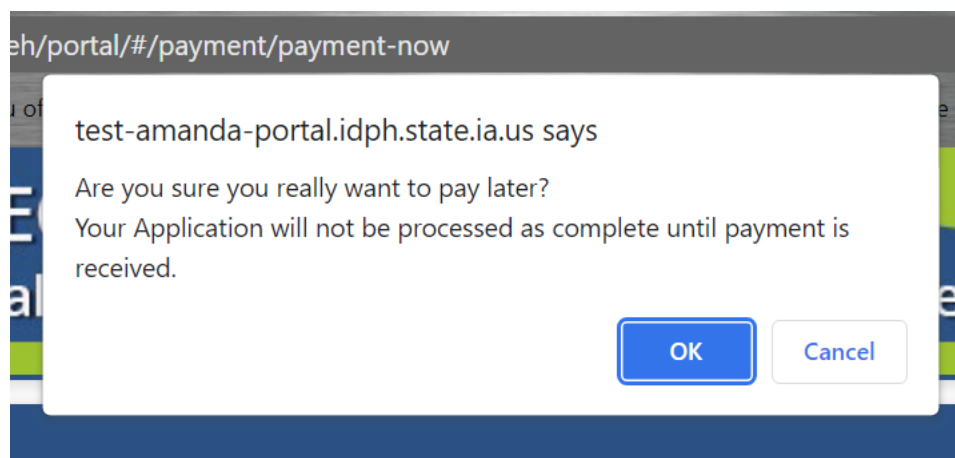
Continue

Step 12: Payment

Next you will be taken to the **Make Payment** page.

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

If you click the **Pay Later** button a pop-up will say your application is not considered submitted until payment is made. Click OK to be returned to your **My Programs** page.



Step 12: Payment (cont.)

When you are ready to make a payment, go to your **My Programs** page and click on **Make Payment**.

My Programs Matthew James Millard

Programs for Matthew James Millard

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
RAD103056	Matthew Millard	Permit To Practice	Active	04/25/2022	06/30/2023	Des Moines	Details	Online Services	

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.

If you select **Pay Now** you will be directed to the online payment system.

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.

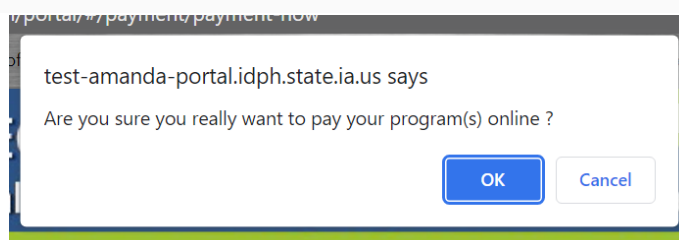
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
372630	Permit To Practice	Permit to Practice	Active	RADI Ltd Nuclear Med Tech Initial Fee	\$100.00	No

Fee Amount: \$100.00 Paid Amount: \$00.00 Fee Due: \$100.00

Pay Later **Pay Now**

Payment Later Options

Once you click on the **Pay Now** button you will receive a warning box stating, "Are you sure you really want to pay your program(s) online?" Click **Ok** if you are ready to pay.



Step 12: Payment (cont.)

After clicking Ok you will be directed to the **Online Payment System**. Once you make your payment you will receive a confirmation that payment has been made. Please keep a record of your **Confirmation Number** or **print this page** for your records. Click **Continue** to be taken to your Receipt and return to your profile.

Once your payment is received, the application will be reviewed and if all requirements have been met a new Permit to Practice will be issued and sent via email to the email address on file.