

HOW TO APPLY FOR AN IDPH RADIATION MACHINE SERVICE PROVIDER LICENSE

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.

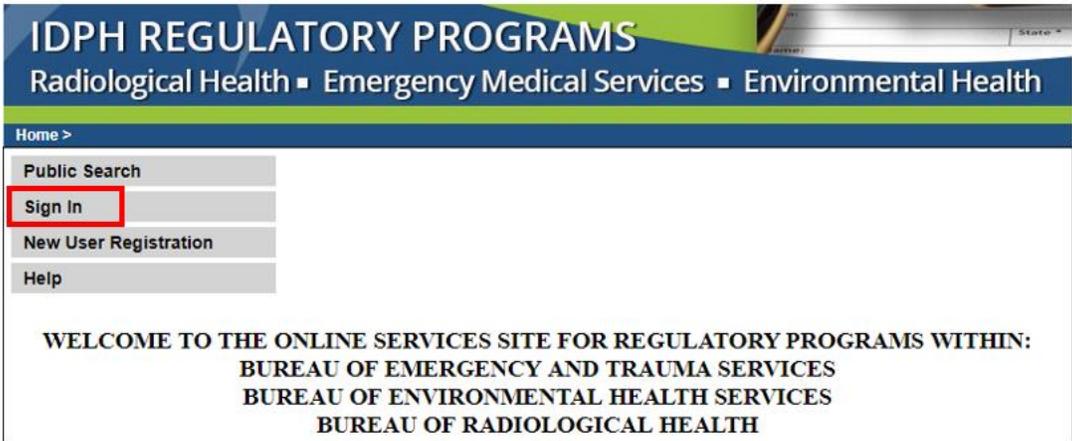
These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the “How to create an account” instructions.

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

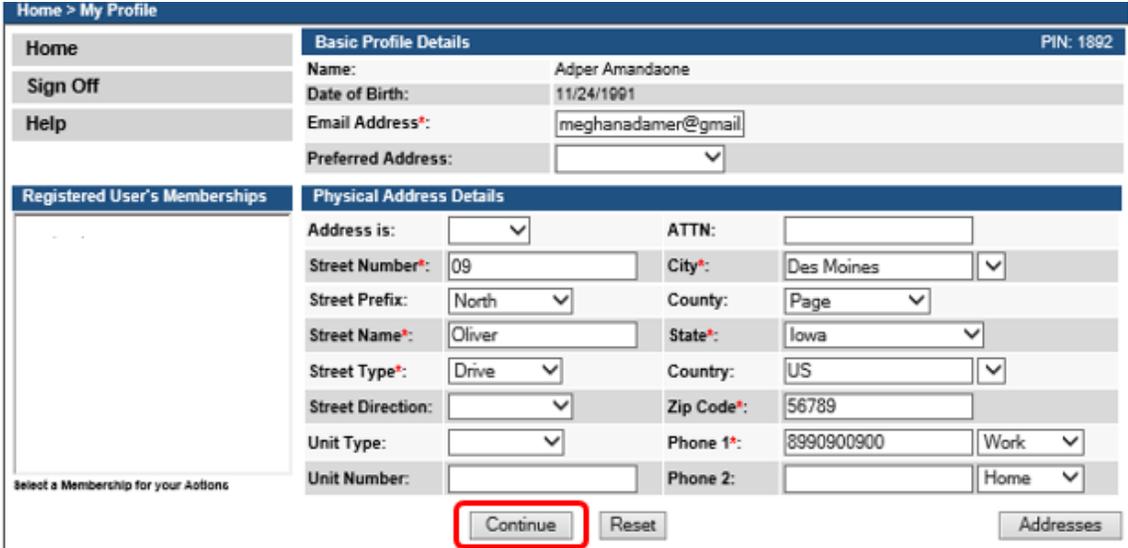
If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

STEP 1: SIGN IN

Sign In on the portal home page.



After signing in, you will be taken to the **My Profile page**. Click **Continue** below your profile.



STEP 2: APPLY FOR A PROGRAM

You will be taken to the **My Programs** page for your new company. This is where you will apply as Radiation Machine Service Provider. Click on **Apply for a Program**.

The screenshot shows the 'My Programs' page for PMSB Anani. The navigation menu includes Home, Public Search, My Profile, Company Profile, Member Management, **Apply for a Program** (highlighted with a red box), Sign Off, and Help. Below the menu is a table of programs with columns for License #, Applicant, Program, Status, Issue Date, Expiry Date, City, Details, Online Services, and Renew. A 'Make Payment' button is located at the bottom right.

On the next screen: Select **Program** as Radiation Machine Service Providers. Select **Program Detail** as Service Provider. Click **Continue**

The screenshot shows the 'Apply for Program' form. The 'Program' dropdown is set to 'Radiation Machine Service F' and the 'Program Detail' dropdown is set to 'Service Provider'. The 'Continue' button is highlighted with a red box. There is also a 'Cancel' button.

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

The screenshot shows a pop-up message box with the text 'Message from webpage' and a question mark icon. The message asks 'Are you sure you really want to apply for this program?'. There are 'OK' and 'Cancel' buttons at the bottom, with the 'OK' button highlighted by a red box.

STEP 3: APPLICATION FORM

All Four sections of this application are required.

Click the **Expand All** to view all information fields in a section.

Questions with a red asterisk * or highlighted in pink are mandatory.

The screenshot shows the 'Medical Physicists' application form. The 'Application Form' section is highlighted with a yellow box. The 'Expand All' button is highlighted with a red box. The form includes sections for Affirmation, Service Provider Details, Application Form Details, Equipment, and Iowa Locations. There is also an Attachment section at the bottom.

STEP 4: AFFIRMATION & SERVICE PROVIDER DETAILS

This section is required for all license and Contractor License submissions, and all questions must be answered.

Click **Expand All** on the right side of the application form to view all the questions.

If you answer **Yes** to any of these 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.)

The screenshot shows the 'Application Form' interface. At the top right, there is a red 'Expand All' button. The form is divided into two main sections: 'Affirmation' and 'Service Provider Details'.
Affirmation Section:
 - Question 1: '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.' with radio buttons for 'Yes' and 'No'.
 - Text input field: '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.'
 - Question 2: 'Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?' with radio buttons for 'Yes' and 'No'.
 - Text input field: 'If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.'
 - Question 3: 'Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.' with radio buttons for 'Yes' and 'No'.
 - Text input field: 'If yes, include the date, location, charging orders, court disposition, and current status (i.e., probation) for each charge.'
Service Provider Details Section:
 - Question 4: 'I will insure that employees are properly trained to service or consult on specific equipment prior to providing services.' with radio buttons for 'Yes' and 'No'.
 - Question 5: 'Our company will be providing equipment demonstrations at facilities located in Iowa.' with radio buttons for 'Yes' and 'No'.
 - Question 6: 'Please select all services that you provide to facilities in Iowa.' with a multi-select dropdown menu containing: 'Calibration of radiation-emitting equipment', 'Installation of radiation-emitting equipment', 'Processor or Processor servicing, or both', 'Radiation protection or health physics consultations and Service/repair of radiation-emitting equipment'.
 - Question 7: 'Please select the types of radiation-emitting equipment that you service.' with a multi-select dropdown menu containing: 'Dental', 'Medical', 'Non-Medical or Industrial', 'Veterinary'.
 - Text input field: 'Describe the training and/or experience required in general for all persons performing services for your company.'

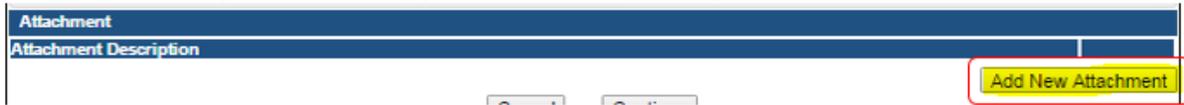
STEP 5: EQUIPMENT & IOWA LOCATIONS

Provide the list of Equipment & list of IOWA Locations. Click **Add** to add a line and enter in the required information fields. Click **Save** before adding another line. Use the scroll bar at the bottom of each box to view additional information fields.

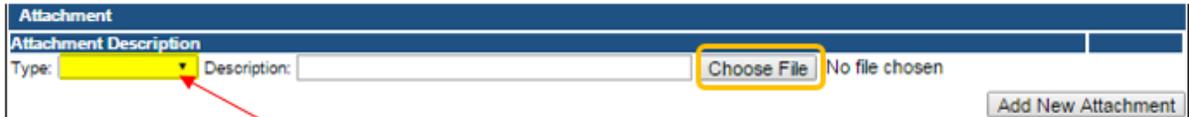
The screenshot shows the 'Equipment' and 'Iowa Locations' sections of the application form.
Equipment Section:
 - Table with columns: Machine Identifier, Machine Type, Machine Manufacturer, Machine Model, Machine Serial Number, and a dropdown menu.
 - A scroll bar is visible below the table.
 - Below the scroll bar, there are instructions: '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.' and 'Just clean all fields if you do not need a specific row or new added row.'
 - 'Add' and 'Save' buttons are highlighted with a red box.
Iowa Locations Section:
 - Table with columns: Machine Identifier, Facility Name, Address, City, State, and Zip Code.
 - A scroll bar is visible below the table.
 - Below the scroll bar, there are the same instructions as above.
 - 'Add' and 'Save' buttons are highlighted with a red box.
Attachment Section:
 - A section titled 'Attachment' with a sub-section 'Attachment Description'.
 - An 'Add New Attachment' button is located at the bottom right.
 - At the very bottom of the form, there are 'Cancel' and 'Continue' buttons.

STEP 6: ADD ATTACHMENTS & CONTINUE

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.

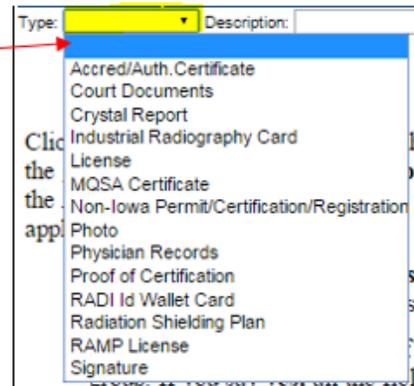


The screenshot shows the 'Attachment' form with the 'Add New Attachment' button highlighted in a red box. The form has a header 'Attachment' and a sub-header 'Attachment Description'. There are two empty input fields for 'Type' and 'Description', and a 'Choose File' button.



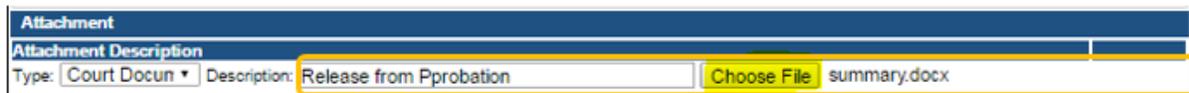
The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open, displaying a list of attachment types. The 'Choose File' button is highlighted in a yellow box. The 'Description' field is empty.

- 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 screenshot shows the 'Attachment' form with the 'Type' dropdown menu open, displaying a list of attachment types. The 'Description' field is empty.

The name of the document should appear next to the button.



The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open, displaying a list of attachment types. The 'Description' field contains the text 'Release from Pprobation'. The 'Choose File' button is highlighted in a yellow box, and the document name 'summary.docx' is displayed next to it.

Continue this process for each document needing to be attached.

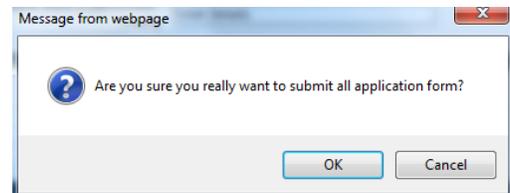
Continue this process for each document needing to be attached.

- 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.



The screenshot shows a pop-up message box titled 'Message from webpage'. The message text is 'Are you sure you really want to submit all application form?'. There are two buttons: 'OK' and 'Cancel'.

STEP 7: CONTACT LIST

Click on XSVP – Contact List to open the tab. Click **Add** and enter the required information, using the scroll bar to see additional fields, then click **Save**. When you have finished adding your contact information, click **Continue**.

Medical Physicists

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

Home Sign Off Help

Radiation Machine Service Providers - Service Provider

Applicant Adper Amandaone
Facility Mercy Hospital

Process Free Form Description - XSVP Application Review Collapse All

XSVP - Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address

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

A pop up message will appear, click **OK** to continue.

Message from webpage

Are you sure you really want to submit all application form?

OK Cancel

STEP 8: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the “I agree with the terms and conditions” statement to check it. Then click **Continue**.

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

Home Sign Off Help

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 9: MAKE A 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.

Medical Physicists

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

Home
Sign Off
Help

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542288	Radiation Machine Service Providers	Service Provider	New	XSVP - Application Fee	\$100.00	No
Total				Fee Amount: \$100.00	Paid Amount: \$0.00	Fee Due: \$100.00

Pay Later Pay Now

Payment Later Options

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

Payment Information

Frequency: One Time
Payment Amount: \$50.00
Payment Date: Pay now

Contact Information

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

Payment Method

Payment Method: Select

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.
Confirmation Number: IOWDPH004000710

Payment Details

Description: Department of Public Health
IDPH Licensing and Regulatory Programs
<https://idph.iowa.gov/>
Payment Amount: \$100.00
Payment Date: 11/22/2016
Status: PROCESSED

Payment Method

Payer Name: Adper Amandaone
Card Number: *1111
Card Type: Visa
Confirmation Email: adperamandaone@gmail.com

Billing Address

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

Continue Cancel

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.