

INSTRUCTIONS TO APPLY FOR A RADON MEASUREMENT SPECIALIST CERTIFICATION

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/iowa/IDPH/common/index.jsp>

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 - RADON 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 portal after reviewing these instructions, contact the Regulatory Program Help Desk Support Team: 1-855-824-4357 or adpereg@idph.iowa.gov

REQUIRED DOCUMENTS:

To view the full list of application requirements, please visit <https://idph.iowa.gov/radon/get-certified> to view the "[Measurement Specialist Application Guide.](#)"

STEP 1: SIGN IN

Click **Sign In** on the portal home page.



STEP 2: CONTINUE FROM THE PROFILE PAGE

After signing in you will be taken to your **Profile Page**. Click **Continue** at the bottom.

The screenshot displays the "My Profile" page. It is divided into two main sections: "Basic Profile Details" and "Physical Address Details".

Basic Profile Details		PIN: 346953
Name:	Archana Marepally	
Date of Birth:	12/09/1990	
Email Address*:	archana.marepally@idph.io	
Preferred Address:	▼	

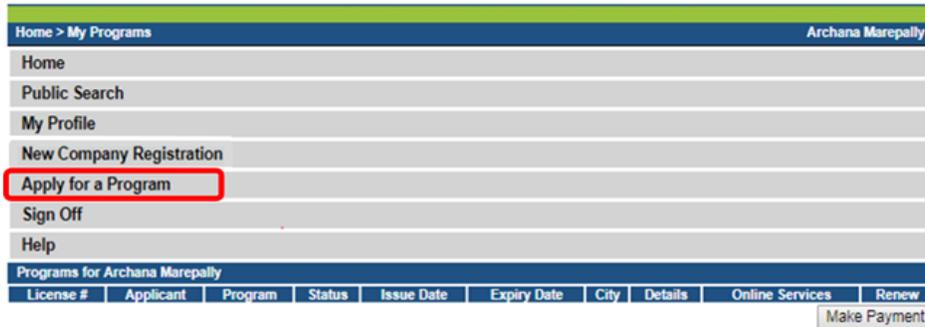
Physical Address Details			
Address is:	▼	ATTN:	▼
Street Number*:	1123	City*:	Iowa City ▼
Street Prefix:	▼	County:	Polk ▼
Street Name*:	Dorset	State*:	Iowa ▼
Street Type*:	Drive ▼	Country:	US ▼
Street Direction:	▼	Zip Code*:	50131
Unit Type:	▼	Phone 1*:	7800099090 Work ▼
Unit Number:	▼	Phone 2:	Home ▼

At the bottom of the page, there are three buttons: "Continue" (highlighted with a red box), "Reset", and "Addresses".

STEP 3: APPLY FOR A PROGRAM

Next, you will be directed to the **My Programs** page.

- 1) Click on **Apply for a Program**.



- 2) On the next screen: Select **Program** as Radon Individual. Select **Program Detail** as Measurement Specialist. Click **Continue**.



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



STEP 4: APPLICATION FORM

The renewal application will appear on the next screen.

- 1) Click **Expand All** on the right side of the **Application Form**.
- 2) Questions with a red asterisk * or highlighted are mandatory.



STEP 5: RADON TESTING METHODS

You must choose all testing methods you will perform by clicking on them in the box that appears below.

- To select multiple methods, hold down the **Ctrl** button on your keyboard and click the method types you wish to add. Release **Ctrl** when finished.

Application Form Collapse All

Radon Testing Methods

Testing Methods Used *

Other Description

- AT-Alpha-Track Detection
- CC-Activated Charcoal Adsorption
- CR-Continuous Radon Monitor
- EL-Electret-Perm(Long-term)
- LS-Charcoal Liquid Scintillation
- Other

STEP 6: RADON TRAINING & TESTING

The following questions require “Yes” answers in order for your application to be approved.

(To review the requirements visit this website: <https://idph.iowa.gov/radon/get-certified>)

Radon Training and Testing

I am attaching documentation based on completion of training approved by NRPP or NRSB * Yes No

I have passed a measurement exam approved by NRPP or NRSB with 70% minimum score and attaching documentation * Yes No

STEP 7: RADON WORK & EDUCATION

- 1) You must select to attach at least one of the following.
- 2) Step 11 will show you how to add your attachments.)

Radon Work and Education

I am attaching copy of transcript / resume based on the 2 years of education/work experience requirement * Yes No

Education and Work Experience

Education Only

Work Experience Only

STEP 8: RADON AFFIRMATION STATEMENTS

The following questions require “Yes” answers in order for your application to be approved.

(NOTE: You will not have a QA/QC number at this time. Step 11 will show you how to add your attachments. To review the requirements visit this website: <https://idph.iowa.gov/radon/get-certified>)

Radon Affirmation Statements

I will keep all records for a minimum of 5 years after the radon test is completed * Yes No

I will submit any changes in procedures within 14 days to IDPH, and will acquire at least 8 hours of continuing education credits every two years before your certification is renewed (note: all certifications are renewed annually) * Yes No

I will ensure that no one except the certified person named on the application will perform (place and pick-up) any radon tests using the approved method and equipment for which I am approved in Iowa, and all EPA radon measurement guidelines and protocols will be followed * Yes No

I am uploading a QA/QC plan and standard operating procedures for each measurement method I am applying * Yes No

If no, I have a preapproved QA/QC plan number provided by my employer and will provide these numbers in fields below:

QA/QC plan #1

QA/QC plan #2

QA/QC plan #3

QA/QC plan #4

I will upload Measurement details every month on Radon Data Tab * Yes No

STEP 9: AFFIRMATION

- 1) Answer the following questions.
- 2) If you answer **Yes** you must provide additional information in the text box preceding the question.
 - a. You may be asked to provide additional documentation in the form of an attachment.

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, 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.) *

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 10: EDUCATION & EXPERIENCE

You must add your Education and/or Experience here based on the answer you gave in STEP 7.

- 1) Click **Add** to add your Education and/or Experience.
- 2) Once you have filled out all the information fields, click **Save**.
(Use the scroll bar to see additional fields.)

Application Form Details Collapse All

Education

College/University Name	State	City	Dates Attended (From MM/YYYY to MM/YYYY)	Major/Course Work Topics
• 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.				
				<input type="button" value="Add"/> <input type="button" value="Save"/>

Experience

Job Description	Company Name	State	City	Zip Code	Dates Worked (From MM/YYYY to MM/YYYY)
• 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.					
					<input type="button" value="Add"/> <input type="button" value="Save"/>

Attachment

Attachment Description

STEP 11: ADD ATTACHMENTS & CONTINUE

To add any required documentation, such as transcripts, resume, court documents, QA/QC Plan, SOP, etc. you will need to click **Add New Attachment**.

Visit <https://idph.iowa.gov/radon/get-certified> for more information on requirements.



The screenshot shows the top portion of the 'Attachment' form. The 'Attachment Description' field is empty. The 'Add New Attachment' button is highlighted with a yellow box.



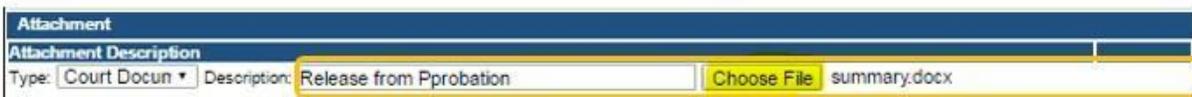
The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open. The 'Choose File' button is highlighted with a yellow box. The text 'No file chosen' is visible next to the button.

- 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 'Type' dropdown menu with the following options: Accred/Auth. Certificate, Court Documents, Crystal Report, Industrial Radiography Card, License, MQSA Certificate, Non-Iowa Permit/Certification/Registration, Photo, Physician Records, Proof of Certification, RADI Id Wallet Card, Radiation Shielding Plan, RAMP License, and Signature.

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



The screenshot shows the 'Attachment' form with the 'Type' dropdown set to 'Court Docun' and the 'Choose File' button with 'summary.docx' next to it.

Continue this process for each document needing to be attached.

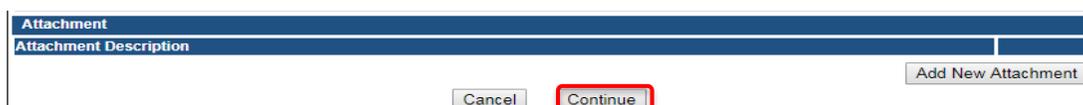
NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

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 completing the application, or your application could be delayed or denied.

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



The screenshot shows the bottom portion of the 'Attachment' form. The 'Cancel' and 'Continue' buttons are visible, with the 'Continue' button highlighted with a red box.

STEP 12: RDNI CONTACT LIST

- 1) Click **Add** and enter the employer contact details, then click **Save**.
- 2) When you have finished, click **Continue** at the bottom of the screen.
(Use the scroll bar to see additional fields.)

Process Free Form Description - Radon Measurement Specialist Application Review Collapse All

RDNI Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number
<ul style="list-style-type: none"> 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**

STEP 13: TERMS AND CONDITIONS

Check the box as show to agree to “Terms and Conditions” and click **Continue**.

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

Home **Terms and Conditions**

Sign Off

Help

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 14: PAYMENT

To make an online payment:

- 1) Click **Pay Now** when you see the option.
- 2) You will be directed to the payment system.

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

Home

Sign Off

Help

License Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
543440	Radon Individual	Measurements Specialist	New	Radon Measurement Specialist Application Fee	\$250.00	No	
543440	Radon Individual	Measurements Specialist	New	Radon Measurement Specialist Iowa Resident Fee	\$25.00	No	
Total					Fee Amount: \$275.00	Paid Amount: \$0.00	Fee Due: \$275.00

Pay Later **Pay Now**

Payment Later Options

- 3) Select **Payment Method**, and fill in your payment details.
- 4) Click **Continue** to review your payment information and click **Confirm**.

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

[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

Description Department of Public Health
 IDPH Licensing and Regulatory Programs
<https://idph.iowa.gov/>
 Payment Amount [REDACTED]
 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](#)

- 5) Keep a record of your **Confirmation Number** or **print this page** for your records.
- 6) Click **Continue** to be taken to your Receipt and return to your profile.