

INSTRUCTIONS TO RENEW A RADON MITIGATION 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.

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

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

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**. Review and Edit existing address information to reflect your current address. When finished, click **Continue** at the bottom.

The screenshot shows the IDPH Regulatory Programs profile page. The header includes "Home > My Profile". The page is divided into two main sections: "Basic Profile Details" and "Physical Address Details".

| Basic Profile Details | | PIN: 349353 | |
|-----------------------|---------------------------|-------------|--|
| 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 |
| Unit Number: | | Phone 2: | |

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

STEP 3: RENEW A PROGRAM

Next, you will be directed to the **My Programs** page. This is where you will renew your Measurement Specialist license. Click on the word **Renew**.

Home > My Programs Dorothy B Knight

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Programs for Dorothy B Knight

| License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew |
|------------|----------------|------------------|--------|------------|-------------|------------|-------------------------|---------------------------------|-----------------------|
| RNMIT10037 | Dorothy Knight | Radon Individual | Active | 01/30/2018 | 01/31/2018 | Des Moines | Details | Online Services | Renew |

[Make Payment](#)

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



STEP 4: APPLICATION FORM

The renewal application will appear on the next screen. Click **Expand All** on the right side of the **Application Form**. Questions with a red asterisk * or highlighted are mandatory.

Radiological Health
Radon

Home > My Programs > Apply for Program > Application Form

Radon Individual - Mitigation Specialist
Applicant Dorothy Knight

Application Form Expand All

- ▶ Radon Training and Testing
- ▶ Radon Work and Education
- ▶ Radon Affirmation Statements
- ▶ Radon Renewal Questions
- ▶ Affirmation

Application Form Details Expand All

- ▶ Education
- ▶ Experience

STEP 5: RADON TRAINING & TESTING

These should be pre-filled as **Yes** for both questions. You may move on to the next field.

▼ 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 6: RADON WORK & EDUCATION

This section will be prefilled with one of these three options. You may proceed to the next field.

▼ Radon Work and Education

I am attaching copy of transcript / resume based on the 2 years of education/work experience requirement *

Education and Work Experience
Education Only
Work Experience Only

STEP 7: RADON AFFIRMATION STATEMENTS

Answer the first 3 questions - the remaining questions will be pre-filled.

▼ Radon Affirmation Statements

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

I will submit any changes in procedures within 14 days to IDPH * Yes No

I will conduct business in accordance with all local building codes and ordinances within the protocols established by EPA, ASTM E2121, and NRPP guidelines and mitigation protocols * Yes No

I am uploading a QA/QC plan for mitigation * Yes No

I am uploading a Worker Protection plan to address radiation exposure to workers monitoring and PPE. Please upload worker protection plan * Yes No

I am uploading an example installation manual that will be provided to the home owner after each installation * Yes No

I am uploading a copy of the Iowa Workforce Development Contractor Registration for my current employer(s) or application (if self employed) * Yes No

I will enter details for each mitigation job I conduct during the renewal cycle on the Mitigation Systems Installed tab prior to Yes No

STEP 8: RADON RENEWAL QUESTIONS

If you are due for your Continuing Education, answer “Yes” to the first question , enter your hours, & see Step 11 to add CE attachments. Your **biennium** date is your continuing education due date.

NOTE: If you make any adjustments, such as changing Employer, select “Yes” to the final question.

▼ Radon Renewal Questions

I am attaching documentation based on continuing Education Hours I completed over the prior two year period? (**note this is only applicable on your biennium date) Yes No

How many Continuing Education Hours have you completed over the prior two year period? (**note this is only applicable on your biennium date)

I am making changes to my prior information (other than continuing education) * Yes No

STEP 9: AFFIRMATION

Answer **Yes** or **No** to the following questions. If you answer **Yes** you must provide additional information in the text box preceding the question. (You may be required 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.

STEP 10: EDUCATION & EXPERIENCE

This section will be pre-filled. Click **Continue** at the bottom of the page.
(If you need to add attachments first, see Step 11.)

| Application Form Details | | | | | Collapse All |
|---|--------------|----------|--|--------------------------|--|
| ▼ Education | | | | | |
| College/University Name | State | City | Dates Attended (From MM/YYYY to MM/YYYY) | Major/Course Work Topics | |
| ◀ ▶ | | | | | |
| <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 |
| ▼ Experience | | | | | |
| Job Description | Company Name | State | City | Zip Code | Dates Worked (From MM/YYYY to MM/YYYY) |
| ◀ ▶ | | | | | |
| <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 11: ADD ATTACHMENTS & CONTINUE

To add any required documentation that has been requested, you will need to click **Add New Attachment**. Skip this step if you do not have any attachments to add.



The screenshot shows the top portion of the 'Attachment' form. The 'Attachment Description' field is empty. A yellow box highlights the 'Add New Attachment' button in the bottom right corner.



The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open. The 'Choose File' button is highlighted in yellow. 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 dropdown menu for the 'Type' field. The list includes: Accred/Auth. Certificate, Court Documents, Crystal Report, Industrial Radiography Card, License, MQSA Certificate, Non-Iowa Permit/Certification/Registration, Photo, Physician Records, Proof of Certification, RAD/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 'Description' field containing 'Release from Pprobation'. The 'Choose File' button is highlighted in yellow, and the filename 'summary.docx' is visible 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.

STEP 12: MITIGATION SYSTEMS INSTALLED

Click **Add** and enter any mitigation systems installed that you have not yet reported online, then click **Save**. (Tip: do not add more than one line without saving – clicking **Save** after adding will ensure the data you entered is saved.)

Note: if this is your first year renewing, you will need to enter in all the mitigation systems you have done the previous year. If you did not install any system this year, select the checkbox shown.

Process Free Form Description - Radon Mitigation Specialist Application Review Expand All

▼ Mitigation Systems Installed

| No Systems installed for this renewal period | Building Owner Name | Building Owner Phone Number | Mitigation Address | Mitigation State | |
|--|---------------------|-----------------------------|--------------------|------------------|--|
| <input type="checkbox"/> | | | | | |

Use the scroll bar to see additional fields.

• 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**

STEP 13: RDNI CONTACT LIST

This section will be pre-filled. Please review the information to ensure we have your current employer on file. If the information that appears does not match, click “Removed thru Web” and then add a new employer. (Note: You will need to attach a QA/QC plan if you update this field.) To add new information, click **Add** and enter the contact details, then click **Save**.

When you have finished reviewing/editing, click **Continue** at the bottom of the screen.

▼ RDNI Contact List

| Removed thru Web | Contact type | Salutation | Contact First Name | Contact Last Name | Contact Ph |
|--------------------------|--------------|------------|--------------------|-------------------|------------|
| <input type="checkbox"/> | No Employer | | | | |

Use the scroll bar to see additional fields.

• 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 14: TERMS AND CONDITIONS

Check the box as shown to agree to Terms and Conditions and click **Continue**.

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

Home
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 15: PAYMENT

To make a payment, click **Pay Now** when you see the option. You will be directed to the payment system where you will enter your payment information.

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 |
|----------------------|------------------|-----------------------------|----------------------------|---|------------|--------------|
| 188863 | Radon Individual | Mitigation Specialist | Renewal | Radon Mitigation Specialist Renewal Fee | \$150.00 | No |
| Total | | Fee Amount: \$150.00 | Paid Amount: \$0.00 | Fee Due: \$150.00 | | |

Pay Later **Pay Now**

Click **OK** to proceed to the online payment system.

dphregprograms.iowa.gov says:

Are you sure you really want to pay your program(s) online ?

OK Cancel