

INSTRUCTIONS TO RENEW 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.

For assistance with finding a username or resetting a password, contact the OCIO 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**. Click **Continue** at the bottom.

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 Work ▼
Unit Number:	▼	Phone 2:	Home ▼

Select a Membership for your Actions

Continue Reset 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

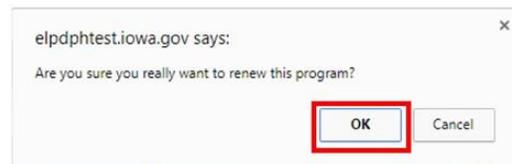
- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Programs for Dorothy B Knight

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
RNTST10040	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.

Radon

Home > My Programs > Apply for Program > Application Form

Radon Individual - Measurements Specialist
Applicant Dorothy Knight

Application Form Expand All

- ▶ Radon Testing Methods
- ▶ 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

You existing testing method will appear here. You may adjust your testing method at this time and upload a new QA/QC plan. (See step 11 to on how to add attachments.)

The questions for Training & Testing will be pre-filled as **Yes**. Proceed to the next section.

▼ Radon Testing Methods

Testing Methods Used *
AT-Alpha-Track Detection
CC-Activated Charcoal Adsorption
CR-Continous Radon Monitor
EL-Electret-Perm(Long-term)
LS-Charcoal Liquid Scintillation
Other

Other Description

▼ 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 should be pre-filled. You may proceed to the next field.

▼ Radon Work and Education

I am attaching copy of transcript / resume based on the 3 years of education/work experience requirement *

STEP 7: RADON AFFIRMATION STATEMENTS

Answer the questions below by selecting **Yes** or **No**. Note: you do not need to upload a new QA/QC plan **unless** you are making changes to your testing method, employer, etc.

▼ 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

I will upload Measurement details every month on Radon Data Tab * 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

Description of changes (please upload supporting documents)

STEP 9: AFFIRMATION

Answer **Yes** or **No** to the following questions. If you answer **Yes** you must provide additional information in the text box proceeding the question. You may be asked to provide additional documentation in the form of an attachment.

▼ Affirmation

During the previous licensing period, did you develop a medical condition, which in any way 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.

During the previous licensing period, did you engage 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.

During the previous licensing period, were you 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.

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. It includes a header 'Attachment' and a sub-header 'Attachment Description'. Below these are two empty input fields: 'Type:' and 'Description:'. To the right of the 'Description' field is a 'Choose File' button. Further to the right is a yellow 'Add New Attachment' button.



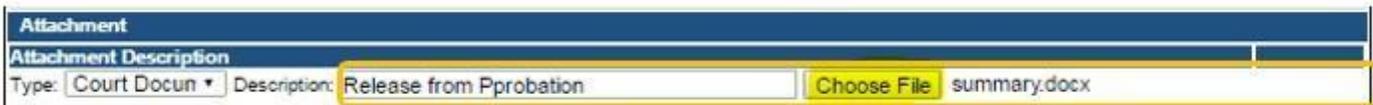
This screenshot shows the 'Attachment' form with the 'Type:' dropdown menu open. The dropdown list contains various document types such as 'Accred/Auth. Certificate', 'Court Documents', 'Crystal Report', 'Industrial Radiography Card', 'License', 'MQSA Certificate', 'Non-Iowa Permit/Certification/Registration', 'Photo', 'Physician Records', 'Proof of Certification', 'RADI Id Wallet Card', 'Radiation Shielding Plan', 'RAMP License', and 'Signature'. The 'Choose File' button is highlighted, and the text 'No file chosen' is visible next to it.

- 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.



A close-up view of the 'Type:' dropdown menu. The list of options is visible, with 'Accred/Auth. Certificate' selected. A red arrow points from the text 'Click the the app' to the dropdown menu.

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



This 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 now displays the filename '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.

STEP 12: 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 employer 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.

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

RDNI Contact List

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

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

Use the scroll bar to see additional fields. Add New Attachment

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
Sign Off
Help

Terms and Conditions

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.

STEP 14: 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
543440	Radon Individual	Measurements Specialist	New	Radon Measurement Specialist Application Fee	\$250.00	No

Total

Fee Amount: \$275.00 Paid Amount: \$0.00 Fee Due: \$250.00

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 ?