

INSTRUCTIONS TO APPLY FOR A NEW REGISTRATION AS A BACKFLOW PREVENTION ASSEMBLY TESTER

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.

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

For specific questions regarding the backflow prevention assembly tester registration program, please contact: Tonya Webb: (515) 242-5933 or tonya.webb@idph.iowa.gov
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 page and follow the “How to create an account” instructions.

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



Your training provider must link your account to the class session in AMANDA before your registration can be completed. If you have not completed class stop here.

If you have completed class, you may want to verify with your training provider that they have linked your account to the class session before

proceeding. You can continue and complete the application but your registration will not be issued until your training provider has made the link.

If needed, provide your training provider the PIN shown on your profile page.

Click **Sign Off** to log out of your account if you wish to stop here, otherwise continue following the steps below.

STEP 1: SIGN IN

Sign In with your existing account information.

REMINDER: These instructions are for renewing individual licenses. DO NOT set up a business account to renew your individual license.

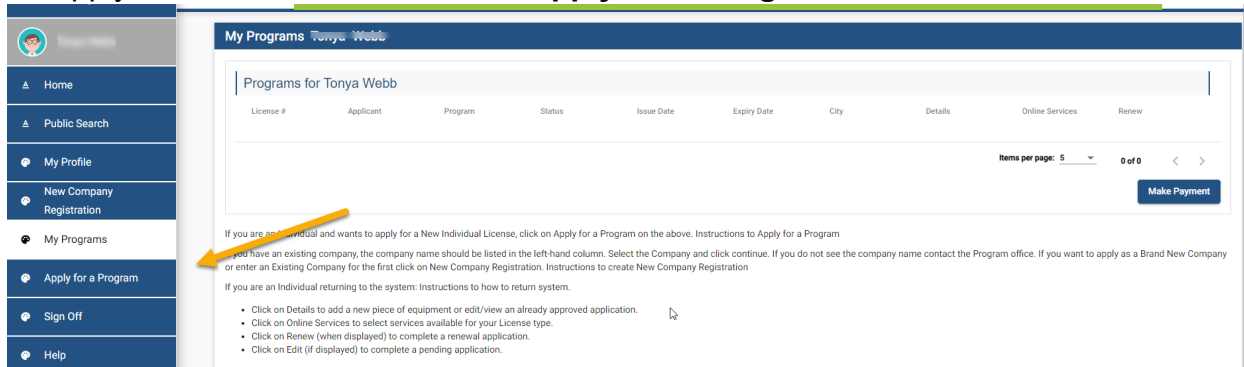
A screenshot of the Iowa.gov website. The top navigation bar includes "iowa.gov", "Services", "Agencies", and "Social". A left sidebar menu has "Home", "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". The main content area is titled "IDPH REGULATORY PROGRAMS" and lists "Radiological Health", "Emergency Medical Services", and "Environmental Health". Below this is a "Welcome To IDPH" section with a message: "WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN: BUREAU OF EMERGENCY AND TRAUMA SERVICES, BUREAU OF ENVIRONMENTAL HEALTH SERVICES, BUREAU OF RADIOLOGICAL HEALTH". A note below states: "NOTE: This application works best in Chrome and Safari. If you need to use Internet Explorer, you will need to change three settings in order for the portal to function properly. Pop up blocker must be turned off and Iowa.gov added to compatibility view and to trusted sites. For additional assistance, please follow the link below to the Iowa Department of Public Health's Regulatory Page. IDPH REGULATORY PROGRAMS".


STEP 2: APPLY FOR A PROGRAM

When you have logged in, click **Continue** from your Profile Page.

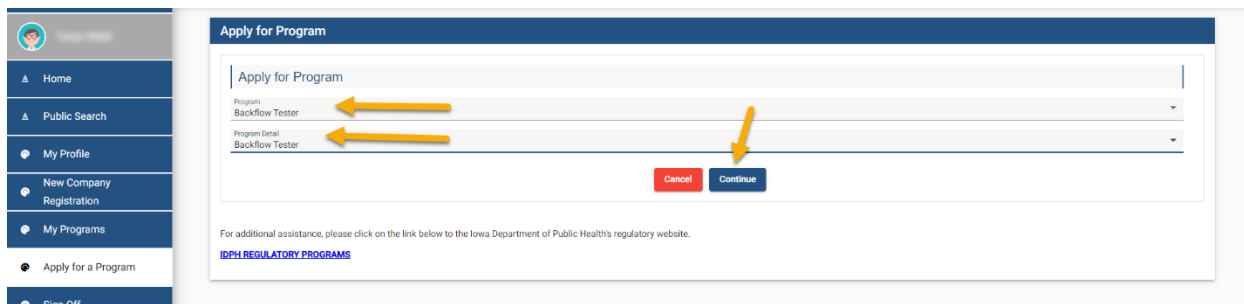
If you have existing licenses they will show under Programs for [Your Name.] For existing licenses, return to the IDPH Regulatory Programs Backflow webpage for instructions on how to Renew an Existing License.

To apply for a New License, click on **Apply for a Program**.

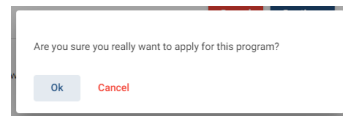


On the following screen, use the drop down arrow  to select **Backflow Tester** in both the Program and Program Detail boxes.

Click the **Continue** button .

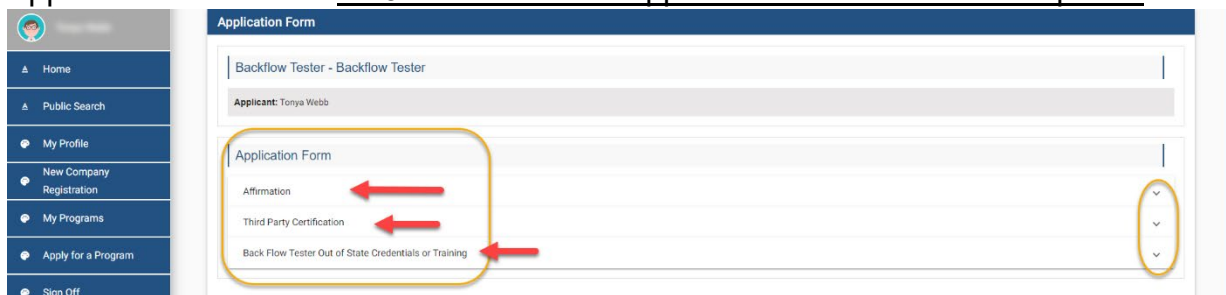


A pop-up message will appear. Click **OK**.



STEP 3: APPLICATION FORM

Read the instructions carefully before trying to complete the three sections under the Application Form area. All 3 sections of the Application Form must be completed.



STEP 4: AFFIRMATION

All 6 questions must be answered. If you answer **Yes** to any of these questions, provide a brief description with relevant activities in the text box provided below the question. Please review the instructions next to the textbox for any documentation that is required to be attached. Any other additional details can be provided in an attachment if necessary. (See Step 6 for attachment instructions.)

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 \$200. 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 pled guilty, entered a plea of nolo contendere, or entered an effort plea in a criminal proceeding, even if the court engaged 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.

The department may require the applicant to submit supplementary statements or documents containing additional information to enable the department to determine whether an application should be approved or denied, or whether a previously issued certification should be amended, suspended, or revoked.

STEP 5: THIRD PARTY & OUT OF STATE CREDENTIALS

One of these sections must be completed if you did not take an Iowa approved 32-Hour Training course. If you took an Iowa approved 32-Hour Training course, answer **No** to all three.

If you answer **Yes** any of the questions, additional documentation may need to be attached. (See Step 6 for attachment instructions.)

Third Party Certification

Current National American Backflow Prevention Assoc. (NABPA) or American Society of Sanitary Engineers (ASSE) Certification - upload copy of card * Yes No

Select Third Party

Certification Number

Expiration Date

Back Flow Tester Out of State Credentials or Training

Current tester credentials issued by another jurisdiction? - upload copy of card * Yes No

Name of issuing jurisdiction

License Number

Date of Expiration

Out of State course approved by Iowa? - upload course information * Yes No

Course Name

Course Number

Course Date

Course Location

STEP 6: ADD ATTACHMENTS & CONTINUE

STOP! Do not need to attach your Iowa approved 5hr refresher or 32hr initial training course

Attachments

- To add an attachment, click "Add New Attachment."
- Fill in details of your attachment and choose a file to upload.
- Click "Upload Attachments" to upload your file.

Attachment Description

Items per page: 5 0 of 0

Type	Description	File
2 Type *	3 Description * test document	4 Choose File Blank for test.docx

1 Add New Attachment 5 Upload Attachments

Cancel Continue

- 1 – Click Add New Attachment
- 2 – Select your document. If nothing applies, choose “Word Merge”
- 3 – Title your document appropriately
- 4 – Choose the document from your device/computer to upload
- 5 – Click Upload Attachments

If you make a mistake, you can trash it before you upload. Once you click upload, you can view the document but you cannot remove the document.

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 7: SUBMIT YOUR APPLICATION

Click **Continue**

You will receive a pop-up box. Click OK

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

Ok Cancel

Agree to 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 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

Terms and Conditions

STEP 8: Resolving Error(s)

YOU ARE NOT ROSTERED TO A COURSE

Contact your instructor. Do not call the license office.

You cannot complete your application until you are rostered to a course
Once resolved, EDIT your application and follow Step #6 to re-submit

APPLICATION IS INCOMPLETE

Click EDIT

Review ALL items in Step #5 APPLICATION FORM

Once resolved, follow Step #6 to re-submit

STEP 9: MAKE A PAYMENT

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

*NOTE: Applications are not complete until paid in full

Make Payment

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted 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. Application fees are non-refundable.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
399589	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB 3 Year Contractor Registration Fee per year	\$00:00	No
399589	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB Contractor Renewal Fee		No

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

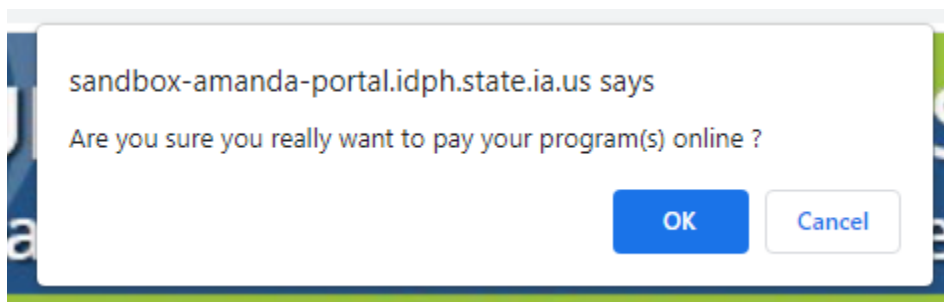
SAMPLE: YOURS MAY LOOK DIFFERENT

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Option 1: Pay Now

Select **Pay Now** when asked,

You will get a pop-up box, click ok



You will now be directed to the online banking system

- You can update the payor information here
- Scroll down and select and enter your payment method
- Click Continue

- Click Confirm

You will receive an email confirmation of your payment. This is the only receipt you will receive

Option 2: Pay Later

You must select a reason (Pay by check, Iowa Transfer, online another time)

- You will be taken back to your Programs page
- Click on Details
- Scroll down to Print Bill (include this with your check or money order)

The screenshot displays the IDPH Regulatory Programs website interface. On the left is a navigation menu with options like Home, Public Search, My Profile, Company Profile, Member Management, My Programs, Apply for a Program, Sign Off, and Help. The main content area is titled 'Bill (Copy)' and contains a form with fields for Folder Name, LPCRO No., and Reference No. A red box highlights a 'PRINT' button with the text 'Please click PRINT here for your bill copy if necessary.' Below this is a table of bill items:

Bill No	Fee Description	Bill Generated Date	Amount
399589 - 290064	PLMB Contractor Renewal Fee	04/25/2023	
399589 - 290065	PLMB 3 Year Contractor Registration Fee per year	04/25/2023	

A red warning message states: 'SAMPLE: YOURS MAY LOOK DIFFERENT'. At the bottom of the table is a 'Total: \$' field and a 'Back' button. The footer contains copyright information for 2016 and links to Privacy Statement and Terms Of Use.

Notes About Application Processing:

- If there is no required review by program staff and if needed, your training provider has linked your account to a class session you will be emailed your registration card with in typically 1-2 business days.
- If you do not provide an email address, you will not receive your registration.
- If further program staff review is needed you will be contacted if additional information is needed or your card will be issued when review is complete.
- You can verify your status by returning to the above page and clicking on Public Search and search on your name.