

INSTRUCTIONS TO RENEW A LEAD 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 - LEAD Page and follow the "How to create an account" instructions.

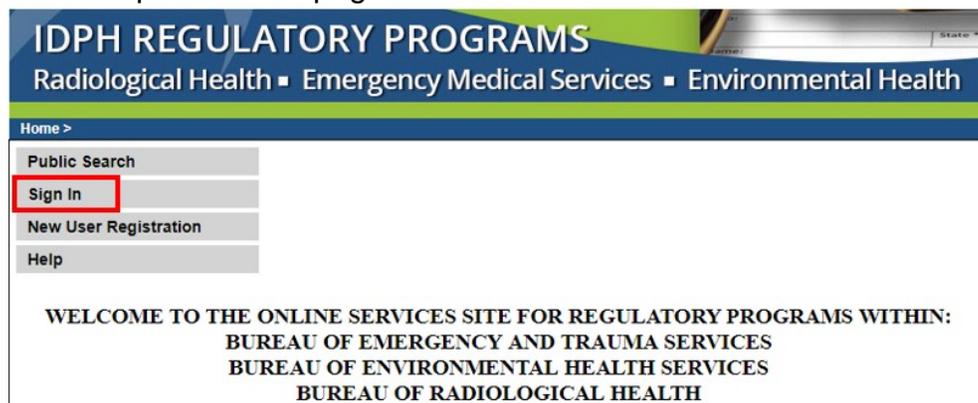
NOTE: You must use either **Google Chrome** or **Safari** when applying online.

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

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

STEP 1: SIGN IN

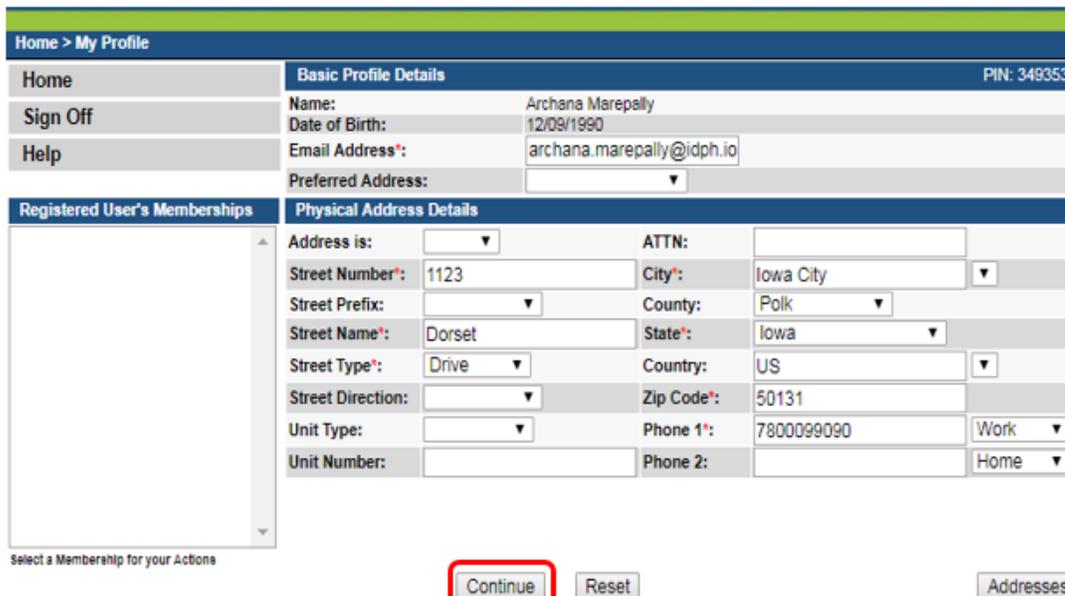
Click **Sign In** on the portal home page.



The screenshot shows the IDPH Regulatory Programs portal home page. The header includes "IDPH REGULATORY PROGRAMS" and navigation links for "Radiological Health", "Emergency Medical Services", and "Environmental Health". A menu on the left contains "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". Below the menu, a welcome message reads: "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".

STEP 2: CONTINUE FROM PROFILE PAGE

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



The screenshot shows the user's profile page. The header is "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:	▼	

Registered User's Memberships		Physical Address Details		
Select a Membership for your Actions	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, the "Continue" button is highlighted with a red box, along with "Reset" and "Addresses" buttons.

STEP 3: RENEW

Next, you will be directed to the **Programs** page for your facility. Click **Renew** next to your active license as shown below.

The screenshot shows the IDPH Regulatory Programs website. The header includes 'IDPH REGULATORY PROGRAMS' and 'Radiological Health ■ Emergency Medical Services ■ Environmental Health'. The user is logged in as 'Archana Marepally'. A navigation menu on the left includes 'Home', 'Public Search', 'My Profile', 'New Company Registration', 'Apply for a Program', 'Sign Off', and 'Help'. Below the menu is a table titled 'Programs for Archana Marepally' with columns: License #, Applicant, Program, Status, Issue Date, Expiry Date, City, Details, Online Services, and Renew. The first row shows License # LSR10063, Applicant Archana Marepally, Program Lead Professionals, Status Active, Issue Date 08/25/2017, Expiry Date 09/30/2017, City Iowa City, and a 'Renew' button highlighted in a yellow box. A 'Make Payment' button is also visible.

A pop-up will appear. Click OK to **Continue**.



If you have already started a renewal application, you will need to click “**Edit**” under the **Details** column to get back into the application – then proceed to Step 4.

STEP 4: APPLICATION FORM

The renewal application will appear on the next screen. Click **Expand All** on the right side of the **Application Form** section. This section is required for all license and License submissions, and all questions must be answered.

The screenshot shows the 'Application Form' section of the website. The title 'Application Form' is at the top right, with an 'Expand All' button highlighted in a yellow box. Below the title are several expandable sections: 'Affirmation', 'Additional Information', 'Lead Safe Renovator Info's', 'Reciprocal Lead Safe Renovator Info's', and 'Reciprocity'. Each section has a blue arrow icon to its left.

- Answer “**Yes**” or “**No**” to the **Affirmation** questions provided.
*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 5 for instruction on how to add attachments.)
- **Additional Information & Info’s**: Some answers will be pre-filled; only provide answers to question that have not been pre-filled.
- **Reciprocal Info’s & Reciprocity**: For applicants who are basing their renewal on holding a Lead Certification in another state or jurisdiction.

STEP 5: APPLICATION FORM DETAILS

Click on **Certified Firms** to open the tab. Edit these fields as needed.

To add a firm, click **Add** and enter the required information, using the scroll bar to see additional fields, Contact name, Phone number & email will be your employer if you are employed then click **Save**. When you have finished adding your contact information, click **Continue**.

The screenshot shows the 'Application Form Details' interface. At the top, there is a tab labeled 'Certified Firms' which is highlighted with a yellow box. Below this is a table with columns: 'Type of Contact', 'Firm/Responsible Contractor Name', 'Street Address', 'City', and 'State'. The first row has 'Responsible Contractor' in the first column. Below the table, there is a scroll bar and a message: '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.' To the right of this message are 'Add' and 'Save' buttons, both highlighted in yellow. Below the table, there is a section for 'Reciprocity Certification' and an 'Attachment' section with an 'Attachment Description' field. At the bottom right, there is an 'Add New Attachment' button. At the bottom center, there are 'Cancel' and 'Continue' buttons, with 'Continue' highlighted in red.

**Reciprocity Certification is required ONLY if you are applying based on having a certification in another State or Jurisdiction.

STEP 6: EDUCATION AND WORK EXPERIENCE

To view or add information for Education, Third Party Testing, Experience, or Reciprocal Certification Exam, click **Expand All**.

If you took an Iowa Course from and Iowa approved Training Provider you do not need to report your Continuing Education here; click **Continue**.

To add information, such as Continuing Education from another State/Jurisdiction, click the **Add** button under the appropriate section and complete the required information fields. (Use the scroll bar to see additional fields.)

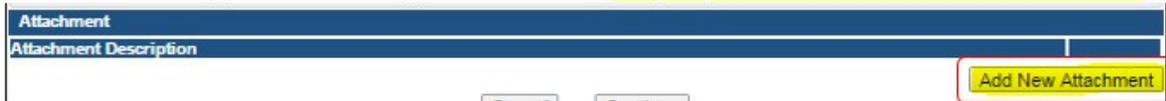
Click **Save** after each line before adding another.

Click **Continue** when you have finished adding all the required information.

The screenshot shows the 'Education and Work Experience' section of the application form. It features three expandable sections: 'Education', 'Experience', and 'Reciprocal Certification Exam'. Below these is an 'Attachment' section with an 'Attachment Description' field. At the bottom right, there is an 'Add New Attachment' button. At the bottom center, there are 'Cancel' and 'Continue' buttons, with 'Continue' highlighted in yellow.

STEP 7: ADD ATTACHMENTS

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.**

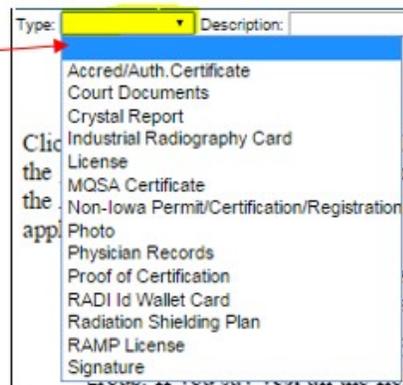


The screenshot shows the top portion of the 'Attachment' form. The 'Attachment Description' field is empty. At the bottom right, the 'Add New Attachment' button is highlighted with a red rectangular box.



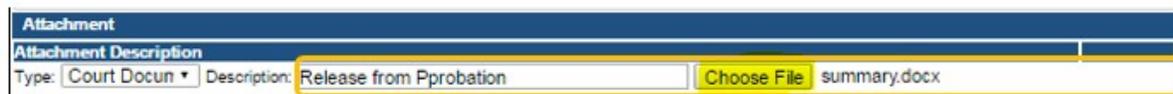
The screenshot shows the 'Attachment' form with the 'Type' dropdown menu open. The 'Choose File' button is highlighted with a yellow box. The text 'No file chosen' is visible next to the button. The 'Add New Attachment' button is also visible.

- 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 a list of attachment types. 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, 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 'Description' field containing 'Release from Pprobation'. The 'Choose File' button is highlighted with a yellow box, and the text '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.

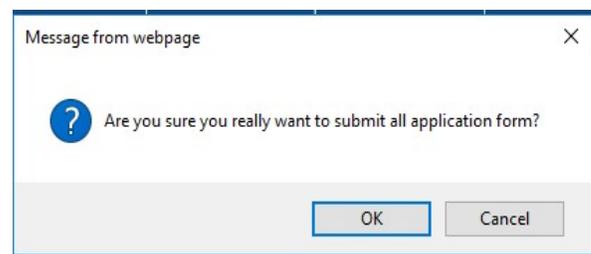
If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

DO NOT CLICK CANCEL – this will void your entire application.

You must attach all supporting information before 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.



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

STEP 6: TERMS AND 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**.

Lead Poisoning Prevention

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 7: MAKE A PAYMENT

To make a payment, click **Pay Now**, and then click **Pay Now** again on the next screen. You will be prompted to enter your payment information.

If you would like to return to your application later to pay, click **Pay Later**.

Lead Poisoning Prevention

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
542821	Lead Professionals	Lead Safe Renovator	Renewal	LEDI Application Fee	\$180.00	No
Total		Fee Amount: \$180.00	Paid Amount: \$0.00	Fee Due: \$180.00		

Pay Later Pay Now

Payment Later Options

▼

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

The following page is your confirmation page.

Payment Information Frequency: One Time Payment Amount: \$50.00 Payment Date: Pay now	Confirmation Please keep a record of your Confirmation Number, or print this page for your records. Confirmation Number: IOWDPH004000710
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 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 Payment Method: Select	Payment Method Payer Name: Adper Amandaone Card Number: *1111 Card Type: Visa Confirmation Email: adperamandaone@gmail.com
Continue Cancel	Billing Address Address 1: 09 N Oliver Drive City/Town: Des Moines State/Province/Region: IA Zip/Postal Code: 56789 Country: United States 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.