Iowa Department of Public Health
Bureau of Environmental Health Services

Registering a Lead Certification Class with AMANDA

September 2017

What is AMANDA

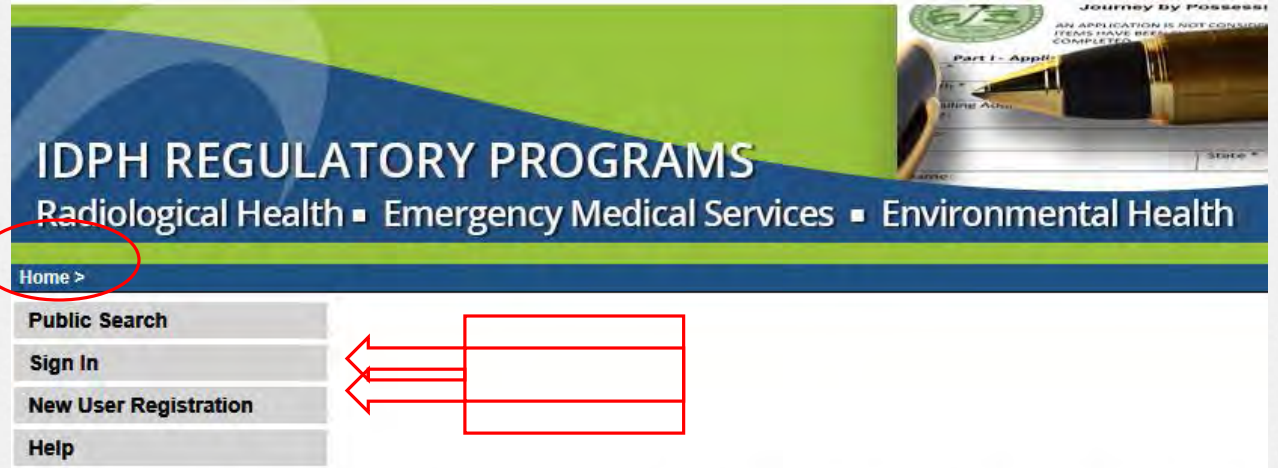
- Replaces the current reporting system
- Division-wide platform used to manage all certifications and licenses issued/regulated by the ADPER-EH Division
  - Individuals
  - Facilities
- Common log-in, profiles, and pages

Before you can “open” your Training Program’s AMANDA page you must be registered with AMANDA through your individual profile and be “linked’ to the Training Program

If you or authorized staff do not have an Iowa Lead professional certification, but will be maintaining an Iowa Lead Certification Training Program's AMANDA page, you or they will need to create an individual A&A log in (user id & password) and an AMANDA profile page before you or they can be "linked" to the Training Program's page

How to get to AMANDA

- Link from the IDPH Regulatory Programs Lead Certification webpage:
  - https://idph.iowa.gov/regulatory-programs/lead
- Directly at:
  - https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp



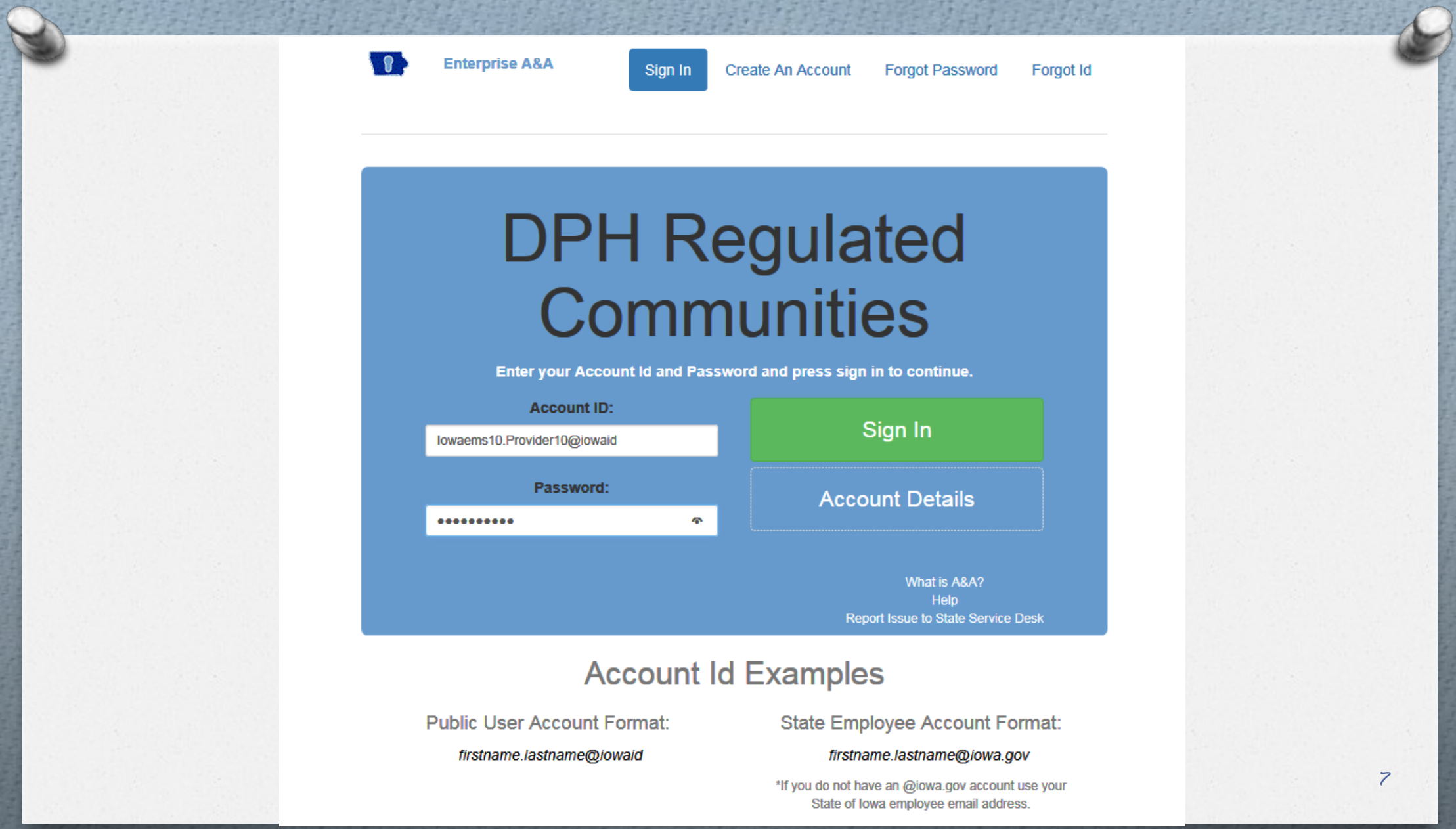
WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN:
BUREAU OF EMERGENCY AND TRAUMA SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
BUREAU OF RADIOLOGICAL HEALTH

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.

INDIVIDUAL APPLICANTS: If you have an @IOWAID account and password, select the **SignIn** button. If you have **never** used the online services site, create an account by selecting the **New User Registration** button. Please view the following tutorial to assist you with creating your account.

INSTRUCTIONS TO CREATE ACCOUNT

BUSINESS APPLICANTS: An individual authorized to represent your account will need to **SignIn** or create a new account as described above. Once this **Individual** is **Logged in**, they will be able to create a **New Business Profile** to apply for the appropriate license on **behalf of your business**. Additional instructions will be provided on how to complete the **Business Application** once the **Individual is Logged In.**

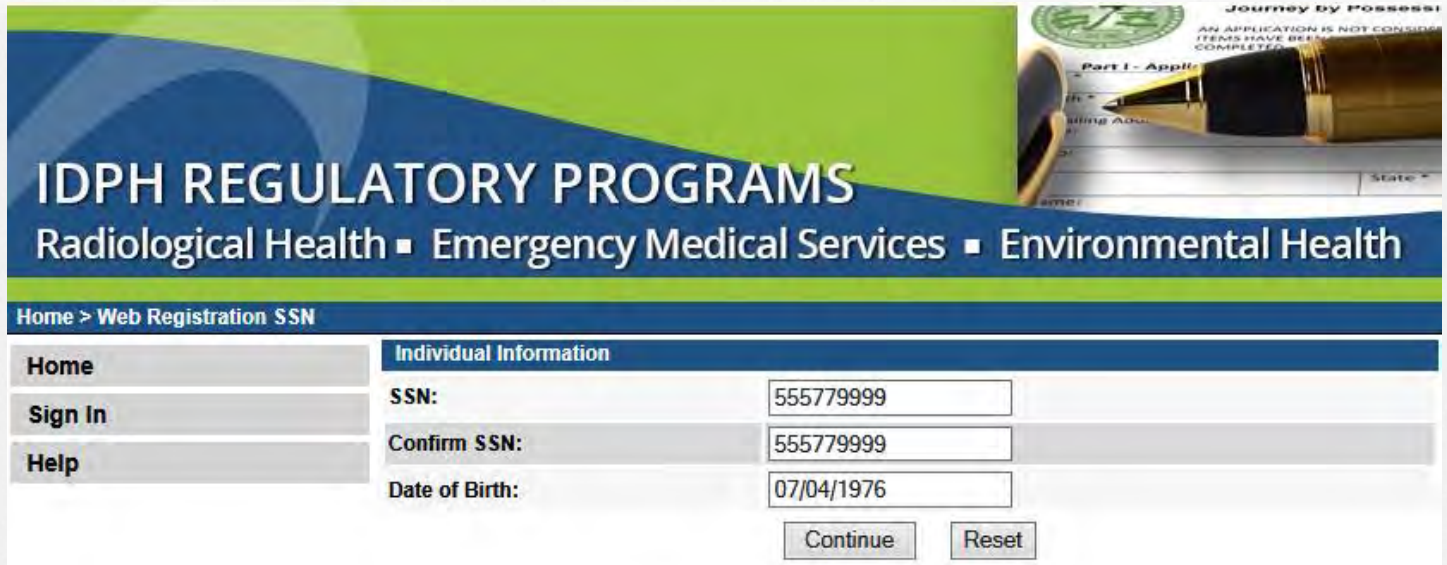

Enterprise A&A
Sign In
Create An Account
Forgot Password
Forgot Id
DPH Regulated Communities
Enter your Account Id and Password and press sign in to continue.
Account ID:
Iowaems10.Provider10@iowaid
Password:
Sign In
Account Details
What is A&A?
Help
Report Issue to State Service Desk
Account Id Examples
Public User Account Format:
firstname.lastname@iowaid
State Employee Account Format:
firstname.lastname@iowa.gov
*If you do not have an @iowa.gov account use your State of Iowa employee email address.

Creating A New A&A Account

- Same account system used by most State Agencies
- Detailed instructions found on-line at top of log in page
- Must have a valid email address before beginning 2-step process
- Must create a user/ID name and password following their standards
- After successful creation of username & password, a message will be sent to your listed email address for completion of requirements
  - Requirements must be completed in one sitting (10 minutes)
- Once completed secure log in information for future use

If you are locked out of your A&A account

- Bureau of Environmental Health Services is unable to assist in the retrieval or resetting of forgotten user ID or Password
- Must follow and try all provided instructions (log in screen) for retrieving forgotten user ID or Password
- If still unable to retrieve, contact the DAS OCIO:
  - 515-281-5703
  - 800-532-1174
  - Must be at computer with internet and email assess when calling for assistance

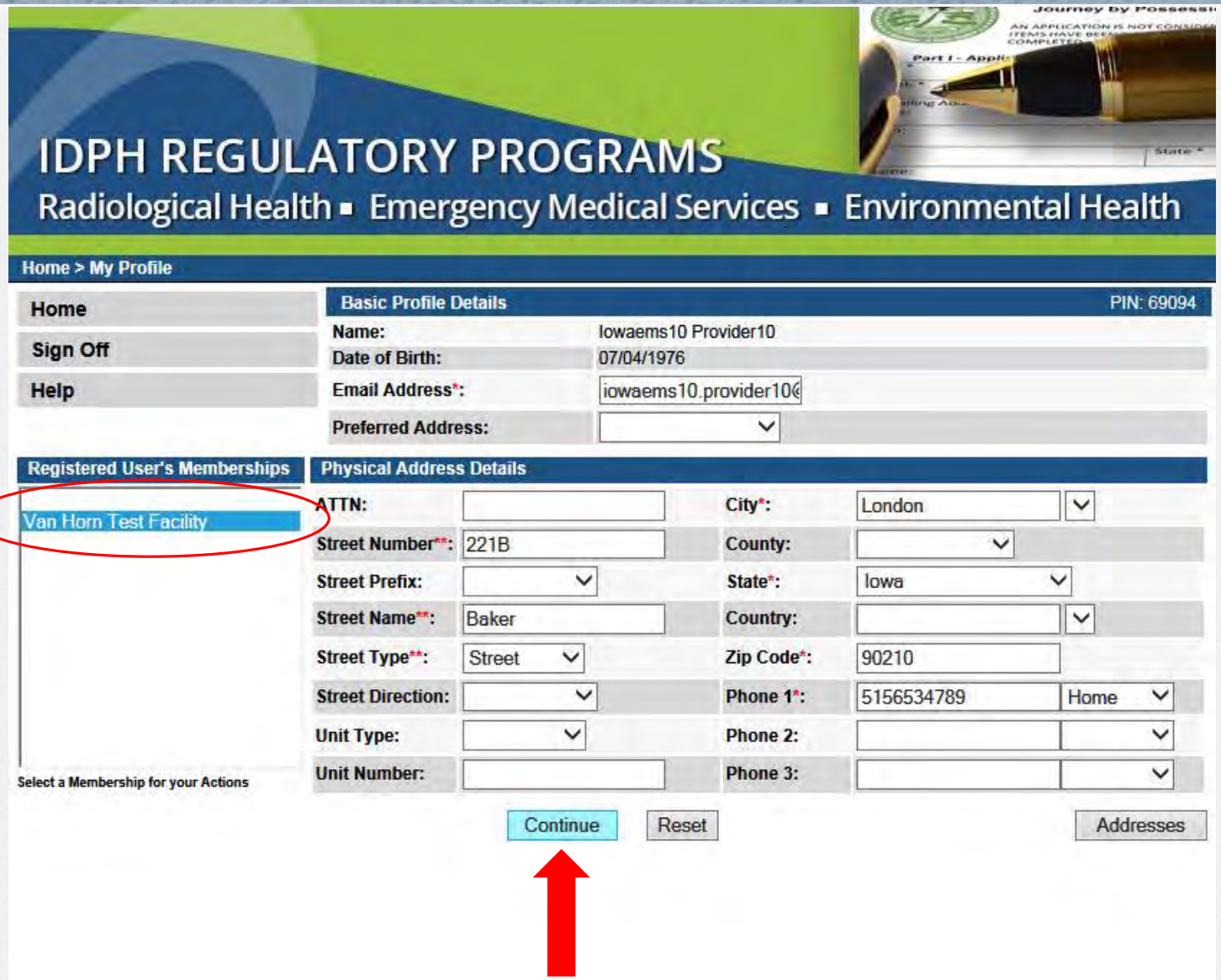


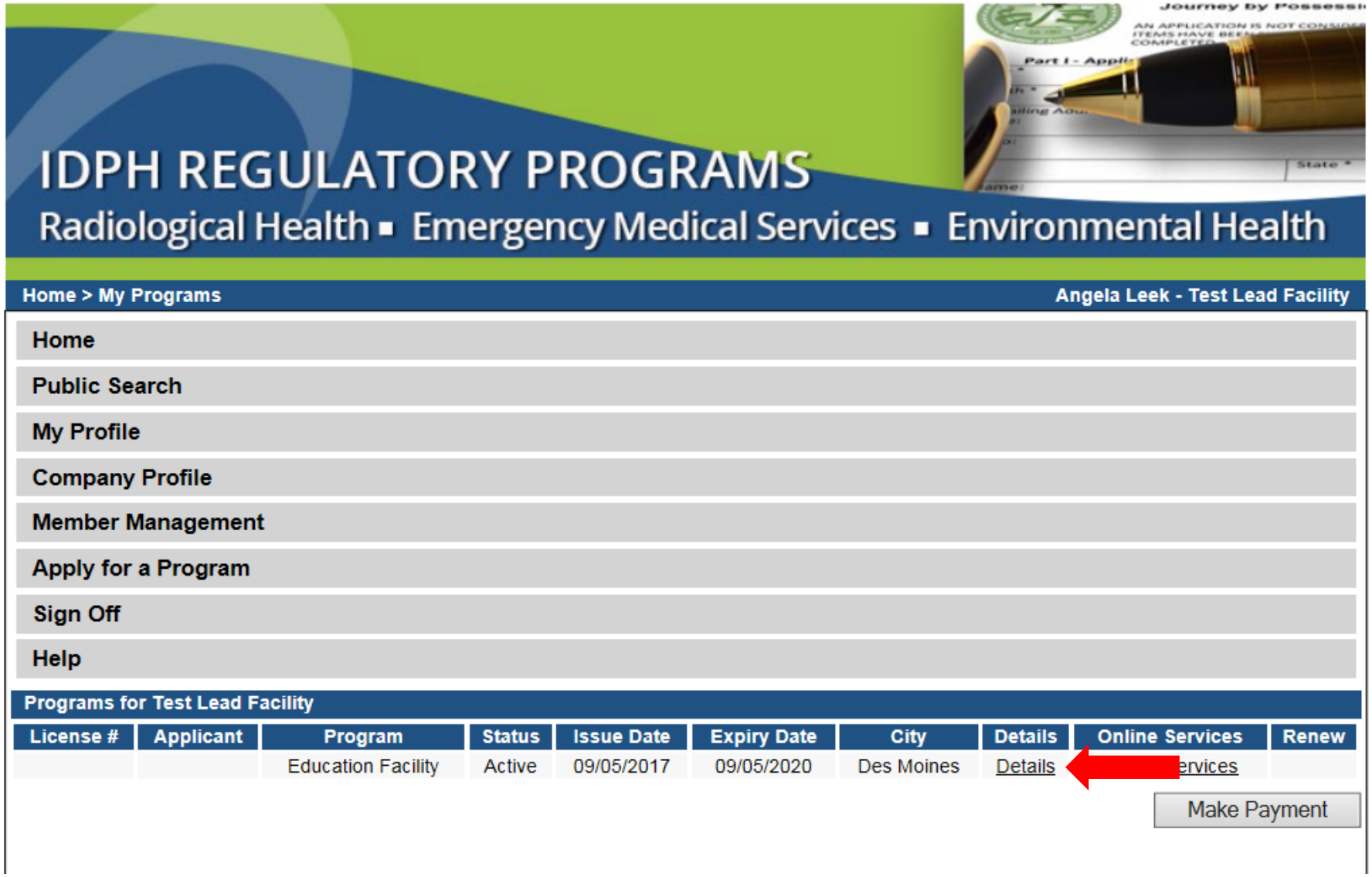
This screen may appear the first time you log in

Answer the questions regarding SSN and DOB then select continue

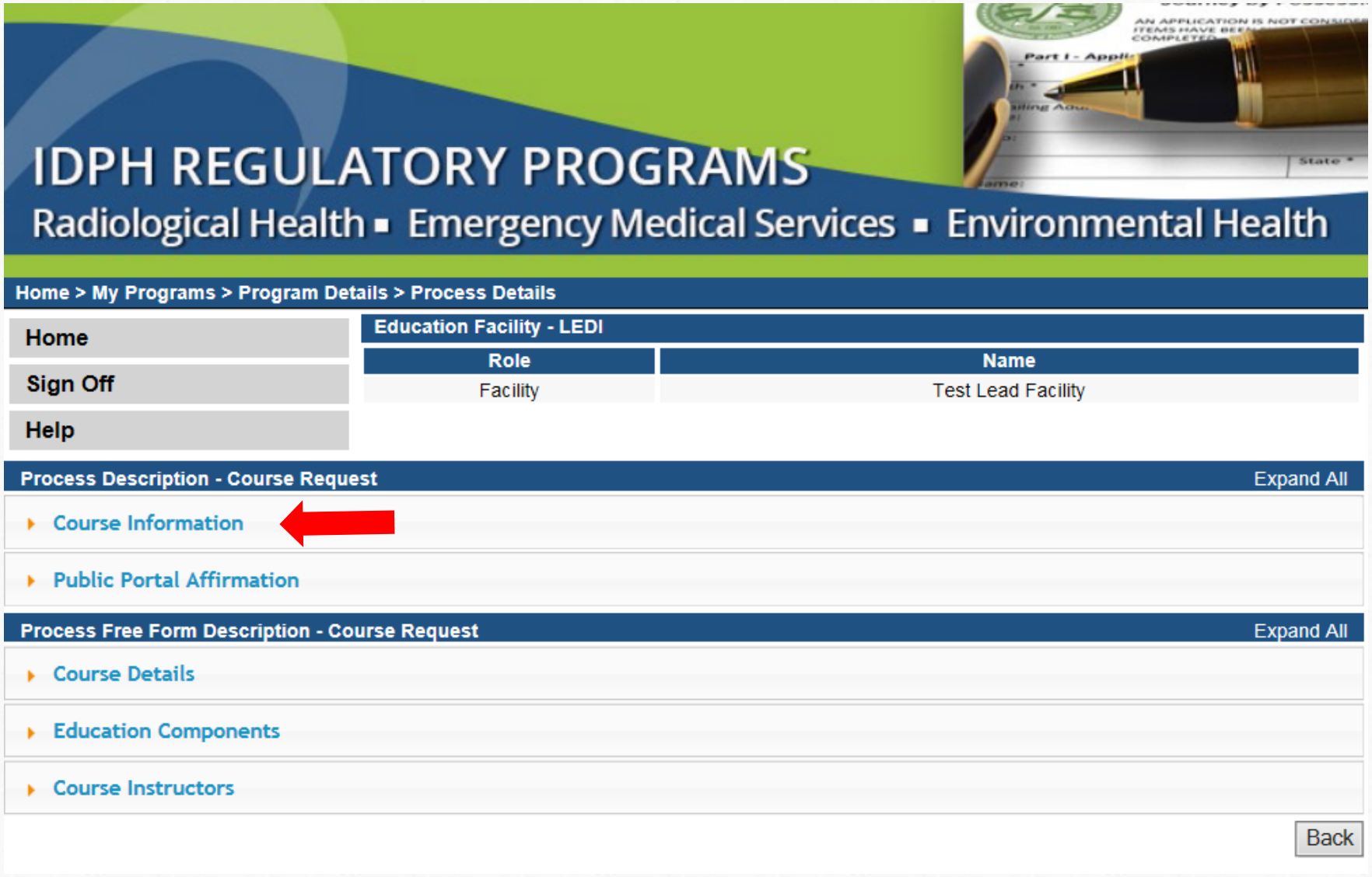
IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Profile
Home
Sign Off
Help
Basic Profile Details
PIN: 69094
Name: lowaems10 Provider10
Date of Birth: 07/04/1976
Email Address*: iowaems10.provider10
Preferred Address:
Registered User's Memberships
Van Horn Test Facility
Select a Membership for your Actions
Physical Address Details
ATTN:
Street Number**: 221B
Street Prefix:
Street Name**: Baker
Street Type**: Street
Street Direction:
Unit Type:
Unit Number:
City*: London
County:
State*: Iowa
Country:
Zip Code*: 90210
Phone 1*: 5156534789 Home
Phone 2:
Phone 3:
Continue
Reset
Addresses

If you or your authorized staff do not see the Training Program you or they are suppose to have access to for management of the Training Program's information, the Training Program Director will need to send an email message to kane.young@idph.iowa.gov indicating that you or a staff member are authorized to have access to the Training Program's AMANDA page. Include contact information for the individual to be authorized

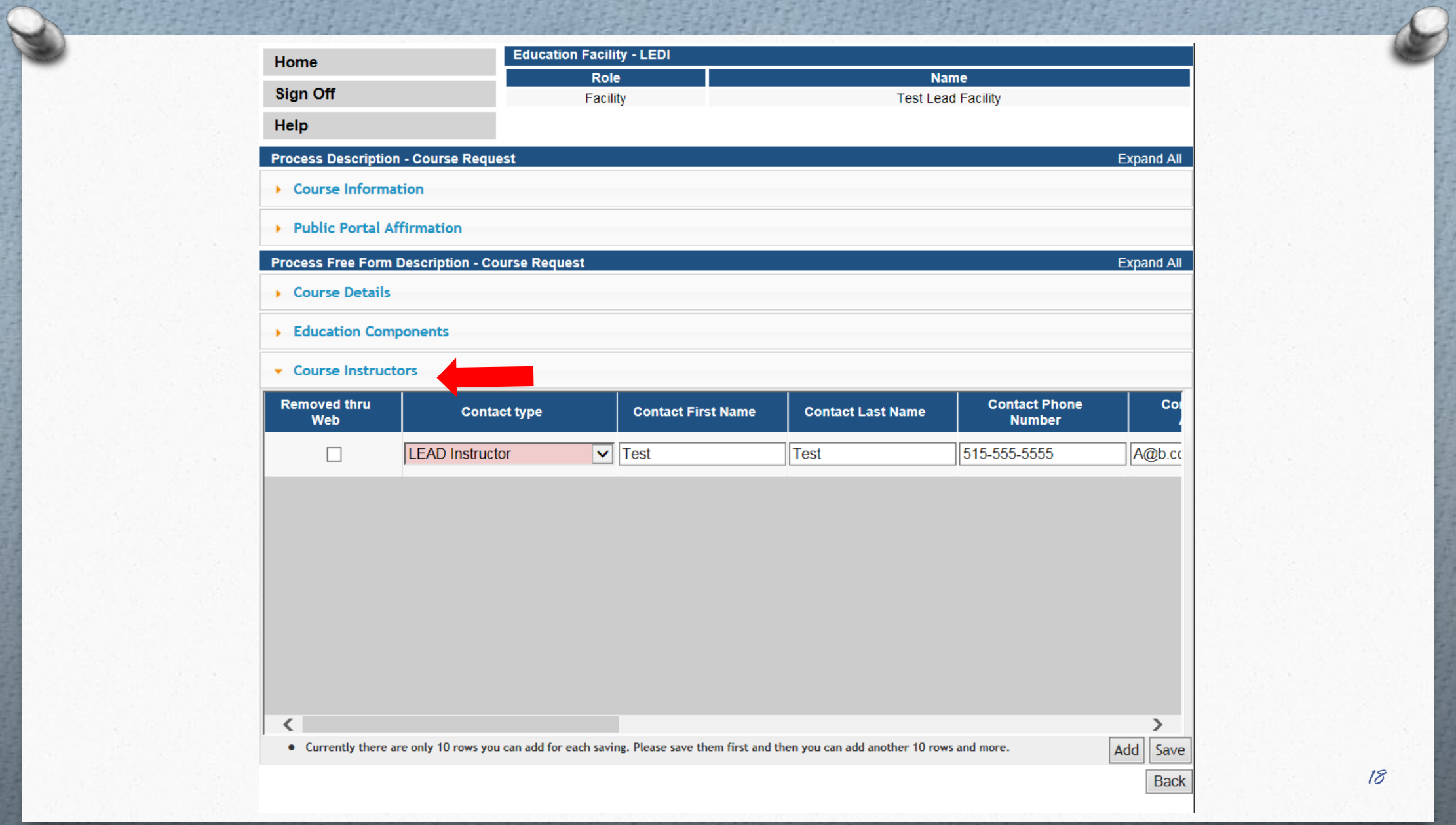

IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Profile
Home
Sign Off
Help
Basic Profile Details
PIN: 69094
Name:
Iowaems10 Provider10
Date of Birth:
07/04/1976
Email Address*:
iowaems10.provider10@
Preferred Address:
Registered User's Memberships
Van Horn Test Facility
Select a Membership for your Actions
Physical Address Details
ATTN:
Street Number**:
221B
Street Prefix:
Street Name**:
Baker
Street Type**:
Street
Street Direction:
Unit Type:
Unit Number:
City*:
London
County:
State*:
Iowa
Country:
Zip Code*:
90210
Phone 1*:
5156534789
Home
Phone 2:
Phone 3:
Continue
Reset
Addresses

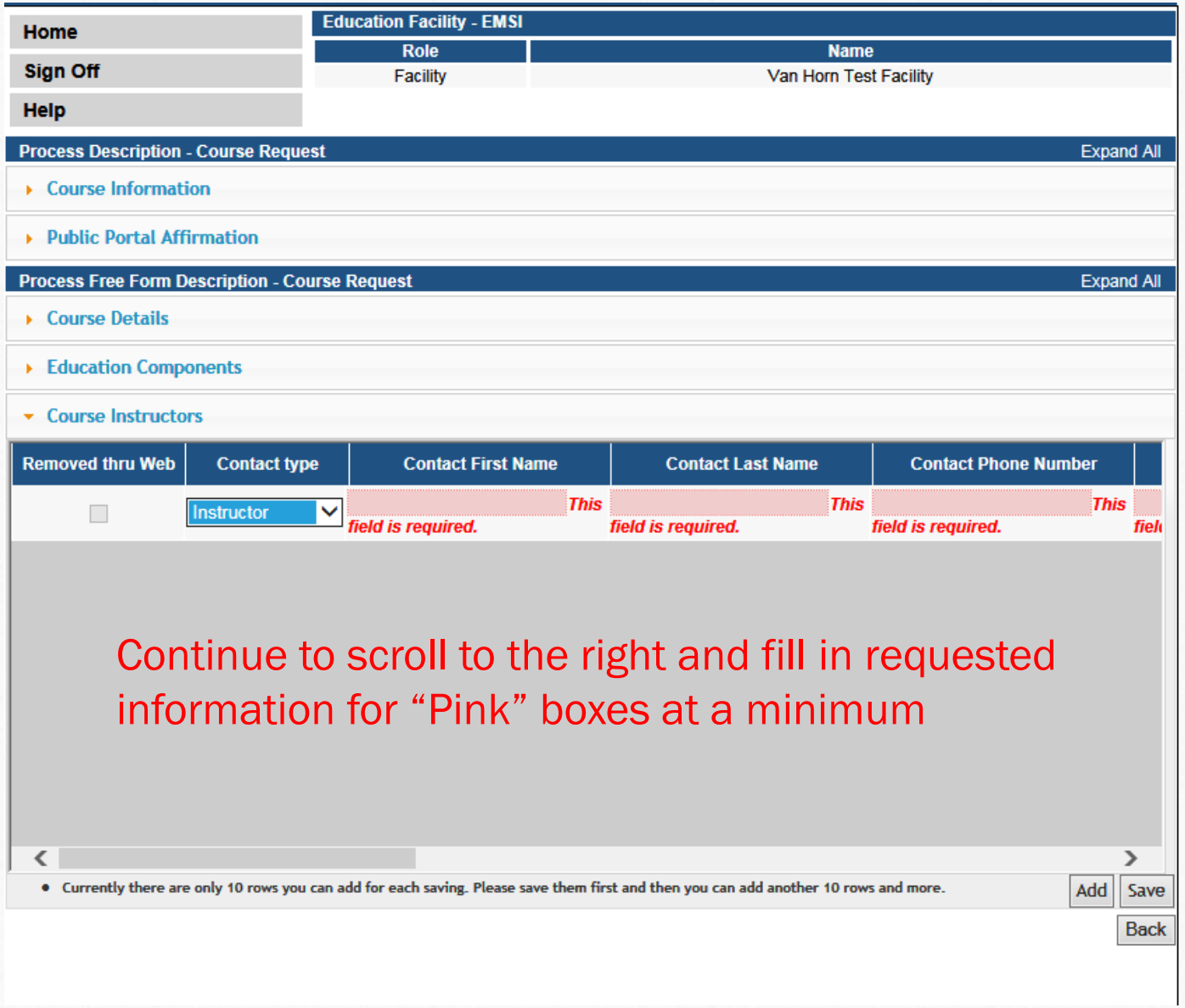

IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Programs
Angela Leek - Test Lead Facility
Home
Public Search
My Profile
Company Profile
Member Management
Apply for a Program
Sign Off
Help
Programs for Test Lead Facility
License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew
Education Facility | Active | 09/05/2017 | 09/05/2020 | Des Moines | Details
Make Payment

There will be one “Course Request” available for each of the courses your Training Program is authorized to provide.


IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Programs > Program Details > Process Details
Home
Sign Off
Help
Education Facility - LEDI
Role
Name
Facility
Test Lead Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors
Back

IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Programs > Program Details > Process Details
Home
Sign Off
Help
Education Facility - LEDI
Role
Name
Facility
Test Lead Facility
Process Description - Course Request
Expand All
Course Information
Course Expiration Date (IDPH Only)
Cost of Course
1.00
Course Group
LSR Initial Course
Course Type
Initial Course (BFTI & LEDI)
Course ID (6 charcter Maximum)
LSRIC
Course Description
LSR Initial Course
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors


Home
Sign Off
Help
Education Facility - LEDI
Role
Name
Facility
Test Lead Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors
Removed thru Web
Contact type
Contact First Name
Contact Last Name
Contact Phone Number
LEAD Instructor
Test
Test
515-555-5555
A@b.cc
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.
Add
Save
Back


Home
Sign Off
Help
Education Facility - EMSI
Role
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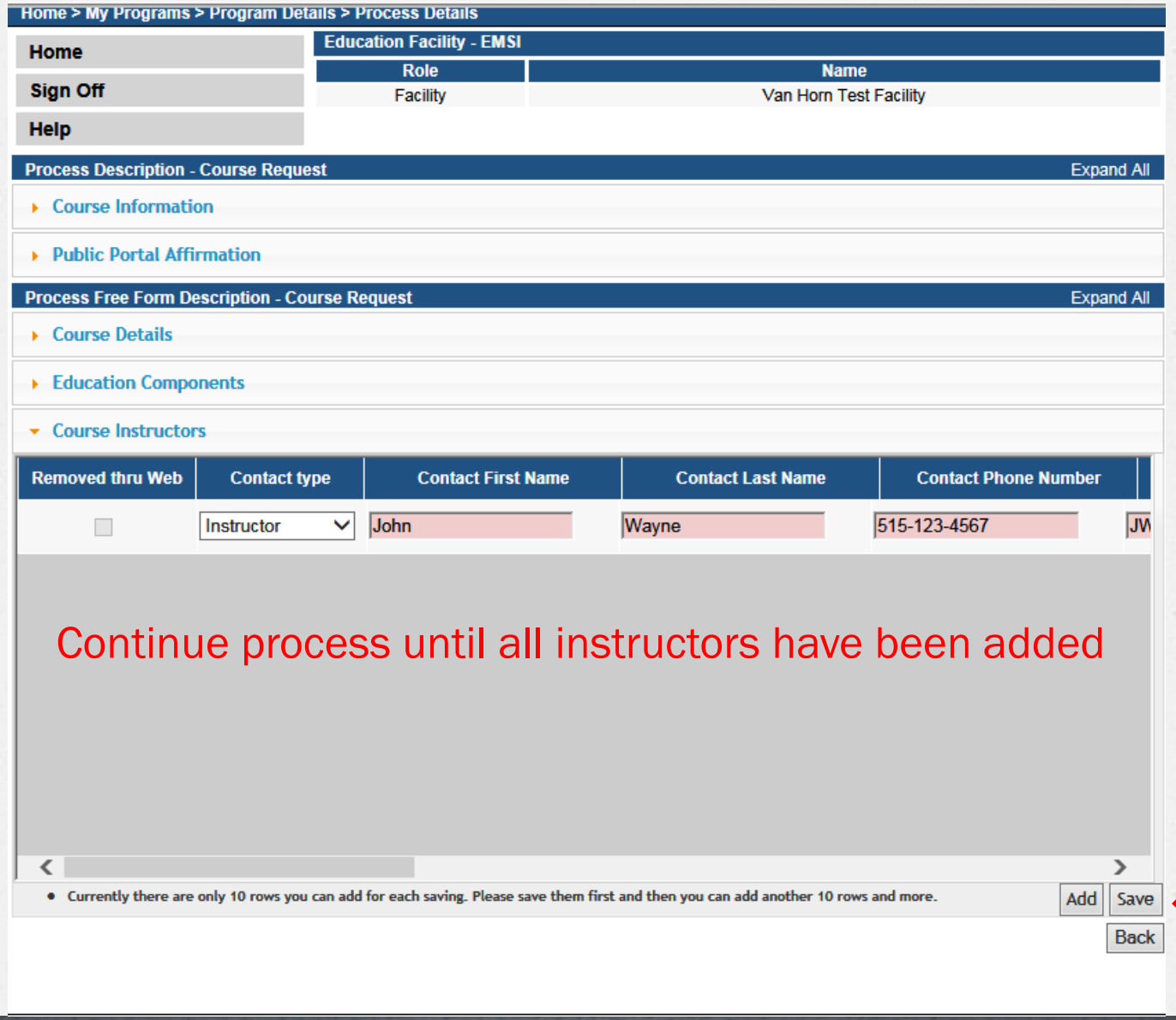
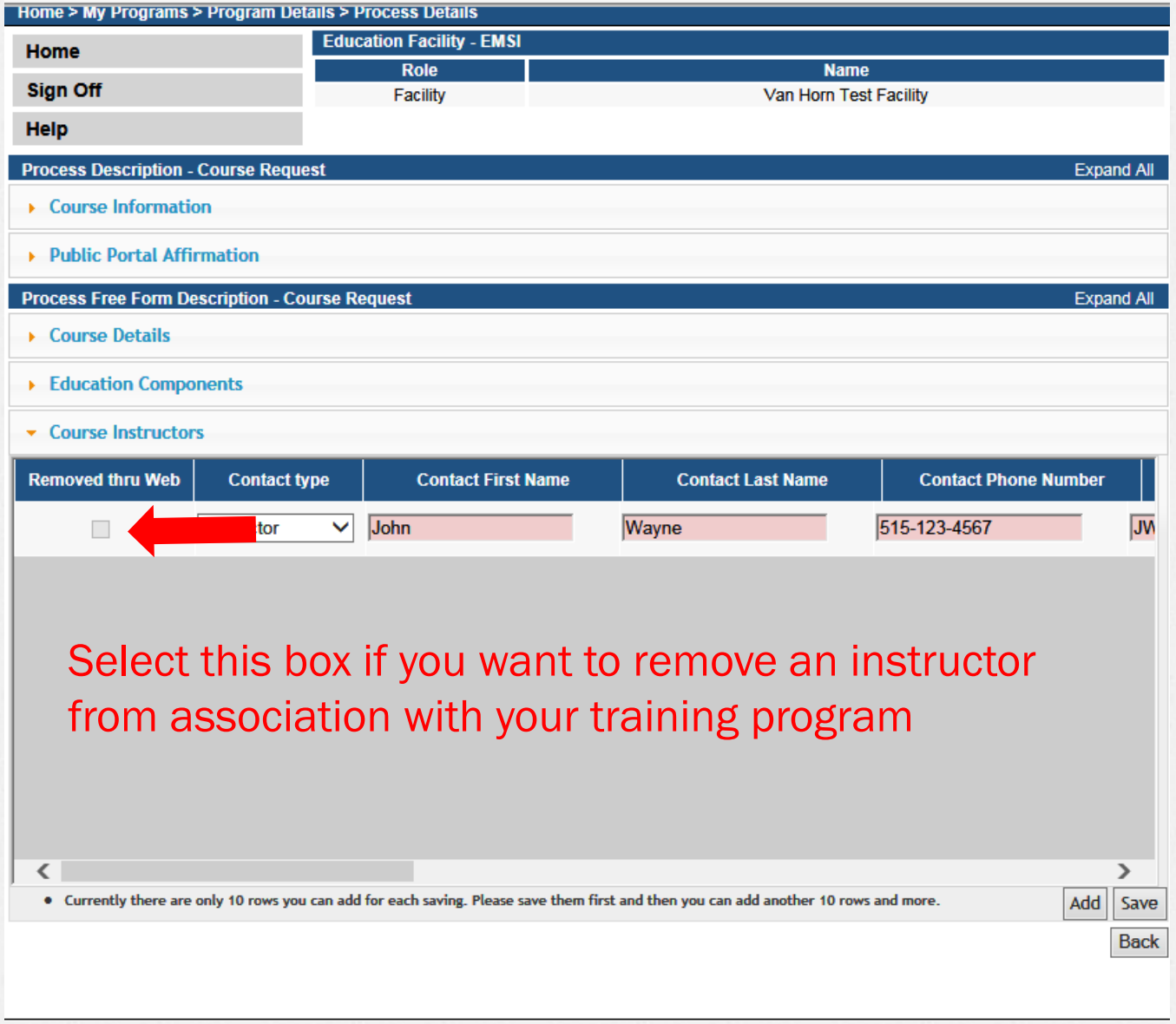
Facility
Van Horn Test Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors
Removed thru Web
Contact type
Contact First Name
Contact Last Name
Contact Phone Number
Instructor
This field is required.
This field is required.
This field is required.
Continue to scroll to the right and fill in requested information for “Pink” boxes at a minimum
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.
Add
Save
Back


Home > My Programs > Program Details > Process Details
Home
Sign Off
Help
Education Facility - EMSI
Role
Name
Facility
Van Horn Test Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors
Removed thru Web
Contact type
Contact First Name
Contact Last Name
Contact Phone Number
Instructor
John
Wayne
515-123-4567
Continue process until all instructors have been added
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.
Add
Save
Back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Process Description - Course Request
Expand All
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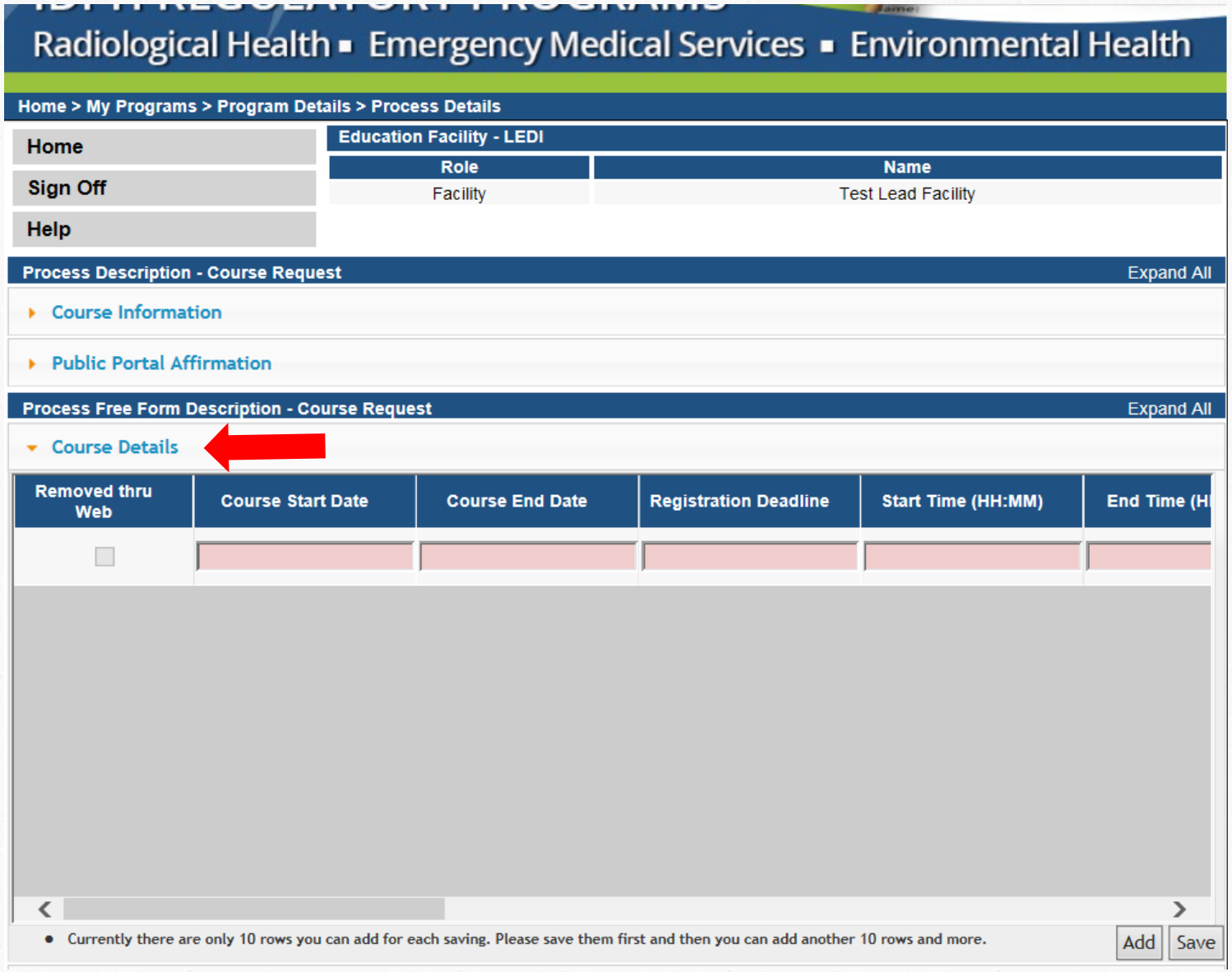
Process Free Form Description - Course Request
Expand All
Course Details
Education Components
Course Instructors
Removed thru Web
Contact type
Contact First Name
Contact Last Name
Contact Phone Number
tor
John
Wayne
515-123-4567
JW
Select this box if you want to remove an instructor from association with your training program
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.
Add
Save
Back


Radiological Health ▪ Emergency Medical Services ▪ Environmental Health
Home > My Programs > Program Details > Process Details
Home
Sign Off
Help
Education Facility - LEDI
Role
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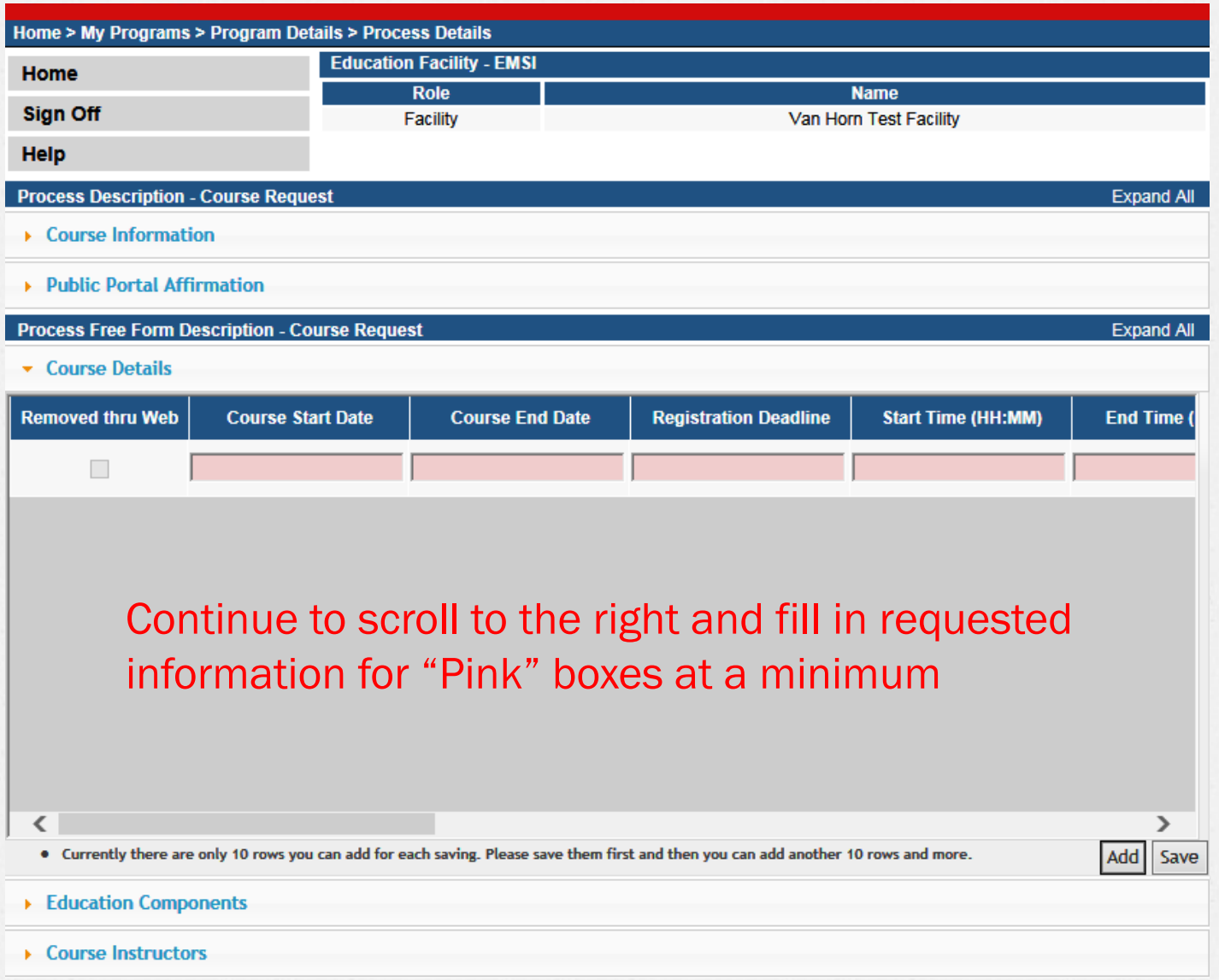
Test Lead Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
Removed thru Web
Course Start Date
Course End Date
Registration Deadline
Start Time (HH:MM)
End Time (H
Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
Add
Save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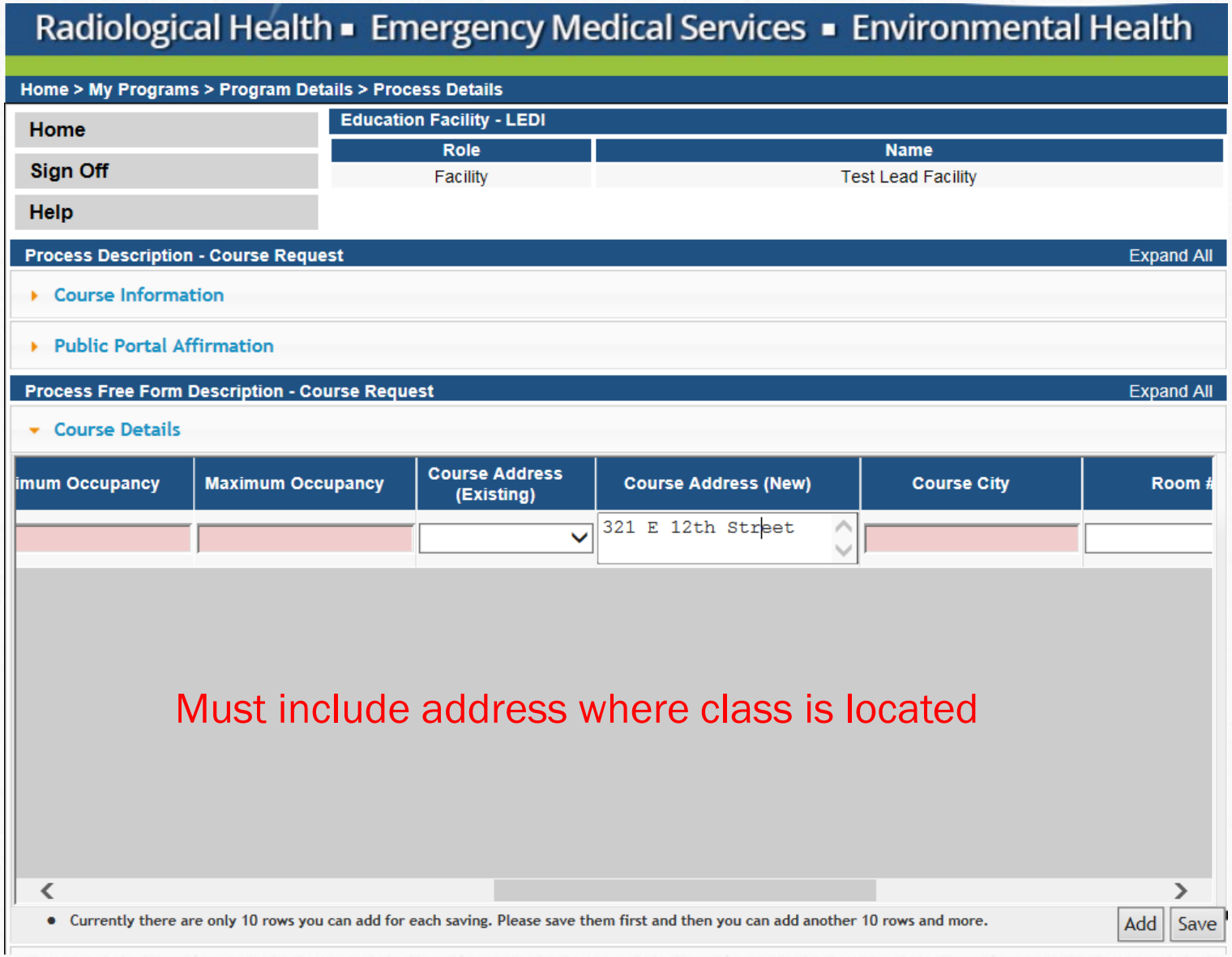
Add
Save
Education Components
Course Instructors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Facility
Test Lead Facility
Process Description - Course Request
Expand All
Course Information
Public Portal Affirmation
Process Free Form Description - Course Request
Expand All
Course Details
imum Occupancy
Maximum Occupancy
Course Address (Existing)
Course Address (New)
Course City
Room #
321 E 12th Street
Must include address where class is located
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.
Add
Save

Additional Questions

Please contact the AMANDA help desk at:
855-824-4357
or by email at:
ADPEREHreg@idph.iowa.gov