



Iowa Department of Public Health  
Bureau of Environmental Health Services

# Rostering Students to Your Training Program

*September 2017*

# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home >

Public Search

Sign In

New User Registration

Help

**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**.



# DPH Regulated Communities

Enter your Account Id and Password and press sign in to continue.

Account ID:

lowaems10.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.

# IDPH REGULATORY PROGRAMS

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[Home > My Profile](#)

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## 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:  City\*: London

Street Number\*\*: 221B  County:

Street Prefix:  State\*: Iowa

Street Name\*\*: Baker  Country:

Street Type\*\*: Street  Zip Code\*: 90210

Street Direction:  Phone 1\*: 5156534789  Home

Unit Type:  Phone 2:

Unit Number:  Phone 3:

[Continue](#)

[Reset](#)

[Addresses](#)



# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > **My Programs**

Iowaems10 Provider10 - Van Horn Test Facility

<b>Home</b>	<b>Search Criteria</b>
<b>Public Search</b>	License Number: <input type="text"/>
<b>My Profile</b>	Program: <input type="text" value="v"/>
<b>Company Profile</b>	Status: <input type="text" value="v"/>
<b>Member Management</b>	City: <input type="text" value="v"/>
<b>Apply for a Program</b>	<input type="button" value="Search"/> <input type="button" value="Reset"/>
<b>Sign Off</b>	
<b>Help</b>	

## Programs for Van Horn Test Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
		Education Facility	Active	01/08/2017		Des Moines	<a href="#">Details</a>	<a href="#">Online Services</a>	

If you are an **Individual** and wants to apply for a New Individual License, click on **Apply for a Program** on the above.

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click **continue**. If you do not see the company name contact the Program office. If you want to apply as a **Brand New Company** or enter an **Existing Company** for the **first** click on **New Company**

License #	Application Date	Issue Date	Expiry Date	Status	Description
	01/08/2017	01/08/2017		Active	Initial Folder

**Sign Off**

**Help**

People Details	
Role	Name
Facility	Van Horn Test Facility

**Application Form** Expand All

**License Processes** Collapse All

Description	Status	Requested Date	Expiry Date	Action
<b>▶ Application Review</b>				
Ed Facility App Review	Complete	01/08/2017		

<b>▶ Course</b>				
Course Request	Approved			
Course Request	Approved			

**Fees**

Fee List			Payment
Bill Number	Description	Fee Amount	
7945		\$0.00	No payment to be displayed.
7947		\$0.00	
7948		\$0.00	
7949		\$0.00	
8158		\$0.00	
<b>Total</b>		<b>\$0.00</b>	

Total Due: \$0.00

**Attachments**

Attachment Description

Add New Attachment    Upload Attachments

Online Services    **Add Certification**    Back



# IDPH REGULATORY PROGRAMS

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Home > My Programs > Program Details > Certification

Home

Sign Off

Help

### Select Certification

<input checked="" type="checkbox"/>	Group ▲	Certification Name ▲
<input checked="" type="checkbox"/>	LSR Initial Course	LSR Initial Course
<input checked="" type="checkbox"/>	LSR Refresher Course	LSR Refresher Course

Select Checked Certification

### Roster Attendees

PIN	License #	First Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Search	Reset

Roster People Record

### Certification

Attendee	Exam Date	Score	Result	Group Name	Certification Name
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# IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health



Home > My Programs > Program Details > Certification

Home

Sign Off

Help

### Select Certification

<input checked="" type="checkbox"/>	Group	Certification Name
<input checked="" type="checkbox"/>	LSR Initial Course	LSR Initial Course
<input checked="" type="checkbox"/>	LSR Refresher Course	LSR Refresher Course

Select Checked Certification

### Roster Attendees

PIN	License #	First Name	Last Name	
<input type="text"/>	<input type="text"/>	Angela	Leek	<input type="button" value="Search"/> <input type="button" value="Reset"/>

### People

	PIN	License #	Name	Address
<input type="checkbox"/>	2641		Angela Leek	225 Hawthorne Drive Norwalk, IA 50211
<input type="checkbox"/>	2641		Angela Leek	225 Hawthorne Drive Norwalk, IA 50211
<input type="checkbox"/>	2641	0101160	Angela Leek	225 Hawthorne Drive Norwalk, IA 50211

Roster People Record

### Certification

Attendee	Exam Date	Score	Result	Group Name	Certification Name
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## Select Certification

<input checked="" type="checkbox"/>	Group ▾	Certification Name ▾
<input checked="" type="checkbox"/>	LSR Initial Course	LSR Initial Course
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Select Checked Certification

## Roster Attendees

PIN	License #	First Name	Last Name		
<input type="text"/>	<input type="text"/>	Angela	Leek	<input type="button" value="Search"/>	<input type="button" value="Reset"/>

### People

<input type="checkbox"/>	PIN ▾	License # ▾	Name ▾	Address
<input type="checkbox"/>	2641		Angela Leek	225 Hawthorne Drive Norwalk, IA 50211
<input type="checkbox"/>	2641		Angela Leek	225 Hawthorne Drive Norwalk, IA 50211
<input checked="" type="checkbox"/>	2641	RAD101160	Angela Leek	225 Hawthorne Drive Norwalk, IA 50211

Roster People Record

Home > My Programs > Program Details > Certification

Home  
Sign Off  
Help

Select Certification

<input checked="" type="checkbox"/>	Group	
<input checked="" type="checkbox"/>	EMT	EMT Ini
<input checked="" type="checkbox"/>	EMT Practical	EMT Pr

Select Checked Certification

Message from webpage

Are you sure you really want to add selected people as your ATTENDEE(S) ?

OK Cancel

			me
<input type="checkbox"/>	68273	0123456	lowaems Provider
<input type="checkbox"/>	68381	EMT4000004	lowaems1 Provider1
<input type="checkbox"/>	68435	AEMT4000002	lowaems3 Provider3
<input checked="" type="checkbox"/>	68455		lowaems4 Provider4
<input type="checkbox"/>	69094		lowaems10 Provider10

Roster People Record

Continue process until all students have been rostered

<input type="checkbox"/>	68273 AEM14000001	Iowaems Provider	321 E 12th Street Des Moines, IA 50319
<input type="checkbox"/>	68273	Iowaems Provider	321 E 12th Street Des Moines, IA 50319
<input type="checkbox"/>	68273 0123456	Iowaems Provider	321 E 12th Street Des Moines, IA 50319
<input type="checkbox"/>	68284 EMT4000004	Iowaems Provider	321 E 12th Street Des Moines, IA 50319

Select Checked CertificationRoster People Record

**Certification**

Attendee	Exam Date	Score	Result	Group Name	Certification Name

Remove CertificationAdd Attendee

SaveBack to Program Detail



Home > My Programs > Program Details

<b>Home</b>	Education Facility - EMSI					
<b>Sign Off</b>	License #	Application Date	Issue Date	Expiry Date	Status	Description
<b>Help</b>		01/08/2017	01/08/2017		Active	Initial Folder
<b>People Details</b>						
	Role	Name				
	Facility	Van Horn Test Facility				
	Attendee	Susan Van Horn				
	Attendee	Iowaems Provider				
	Attendee	Iowaems3 Provider3				
	Attendee	Iowaems4 Provider4				
	Attendee	Iowaems10 Provider10				
<b>Application Form</b>						Expand All
<b>License Processes</b>						Collapse All
	Description	Status	Requested Date	Expiry Date	Action	
	▶ <b>Application Review</b>					
	Ed Facility App Review	Complete	01/08/2017			
	▶ <b>Course</b>					
	Course Request	Approved				
	Course Request	Approved				
<b>Fees</b>						
<b>Fee List</b>				<b>Payment</b>		
	Bill Number	Description	Fee Amount			

# Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

[ADPEREHreg@idph.iowa.gov](mailto:ADPEREHreg@idph.iowa.gov)