



Iowa Department of Public Health
Bureau of Environmental Health Services

Documenting Student's Completion of a Course

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

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: 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

- Home
- Public Search
- My Profile
- Company Profile
- Member Management
- Apply for a Program
- Sign Off
- Help

Search Criteria

License Number:

Program:

Status:

City:

Search

Reset

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	Details	Online Services	



Make Payment
View and edit the program detail

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
▶ Application Review				
Ed Facility App Review	Complete	01/08/2017		

▶ Course				
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	
Total		\$0.00	

Total Due: \$0.00

Attachments

Attachment Description



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 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
----------	-----------	-------	--------	------------	--------------------

Select Certification

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

Remove Certification

Add Attendee



Save

Back to Program Detail

Select Certification

<input checked="" type="checkbox"/>	Group	Certification Name
<input checked="" type="checkbox"/>	LSR Initial Course	LSR Initial Course
<input 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
<input type="checkbox"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	LSR Initial Course	LSR Initial Course

Remove Certification

Add Attendee

Save

Back to Program Detail



- [Home](#)
- [Sign Off](#)
- [Help](#)

Select Certification

<input checked="" type="checkbox"/>	Group	Certification Name
<input checked="" type="checkbox"/>	LSR Initial Course	LSR Initial Course
<input 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"/>	<input type="button" value="Search"/>	<input type="button" value="Reset"/>

Roster People Record

Certification

	Attendee	Exam Date	Score	Result	Group Name	Certification Name
<input type="checkbox"/>	Angela Leek	09/04/2017	95	Pass	LSR Initial Course	LSR Initial Course

Repeat process as needed

Remove Certification

Add Attendee

Save

Back to Program Detail

Message from webpage

Are you sure you really want to save all Certification(s) ?

OK Cancel

Select Checked Certification

Certification

	Attendee	Exam Date	Score	Result	Group Name	Certification Name
<input type="checkbox"/>	Iowaems4 Provider4	05/11/2017	0	Pass	EMT	EMT Initial Course

Remove Certification Add Attendee Save Back to Program Detail

Additional Questions

Please contact the AMANDA help desk at:

855-824-4357

or by email at:

ADPEREHreg@idph.iowa.gov