

INSTRUCTIONS TO APPLY FOR EMS PROVIDER CERTIFICATION

Use the following link to access the online licensing system:

<https://amanda-portal.idph.state.ia.us/adpereh/portal/#!/dashboards/index>

For assistance with finding a username or resetting a password, contact the Office of the Chief Information Officer (OCIO) Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account & set up your Profile Page.

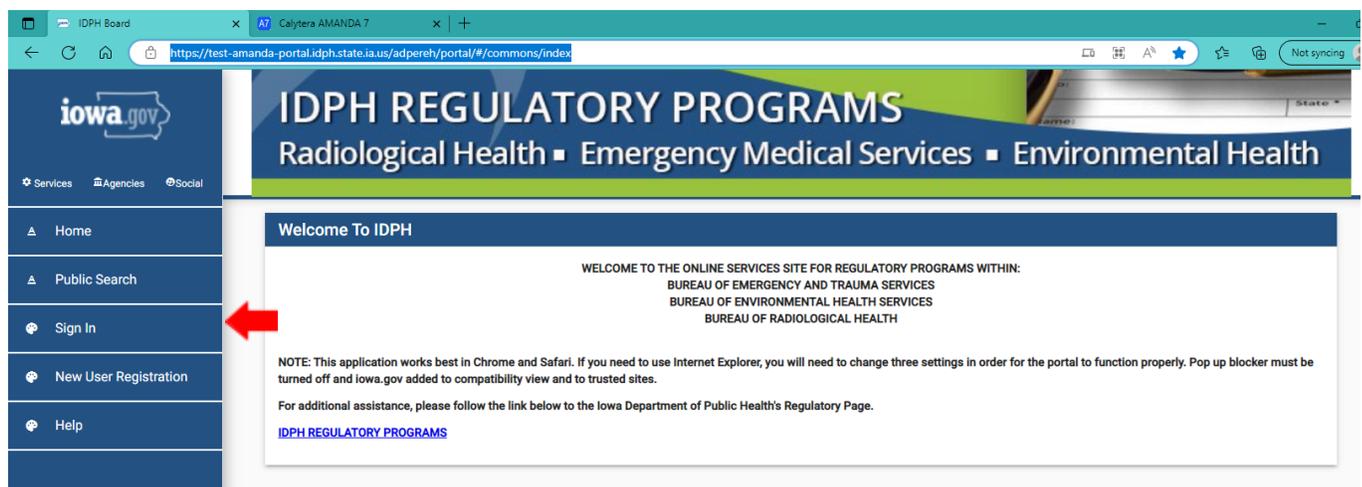
NOTE: You must use either **Google Chrome** or **Microsoft Edge** when applying online.

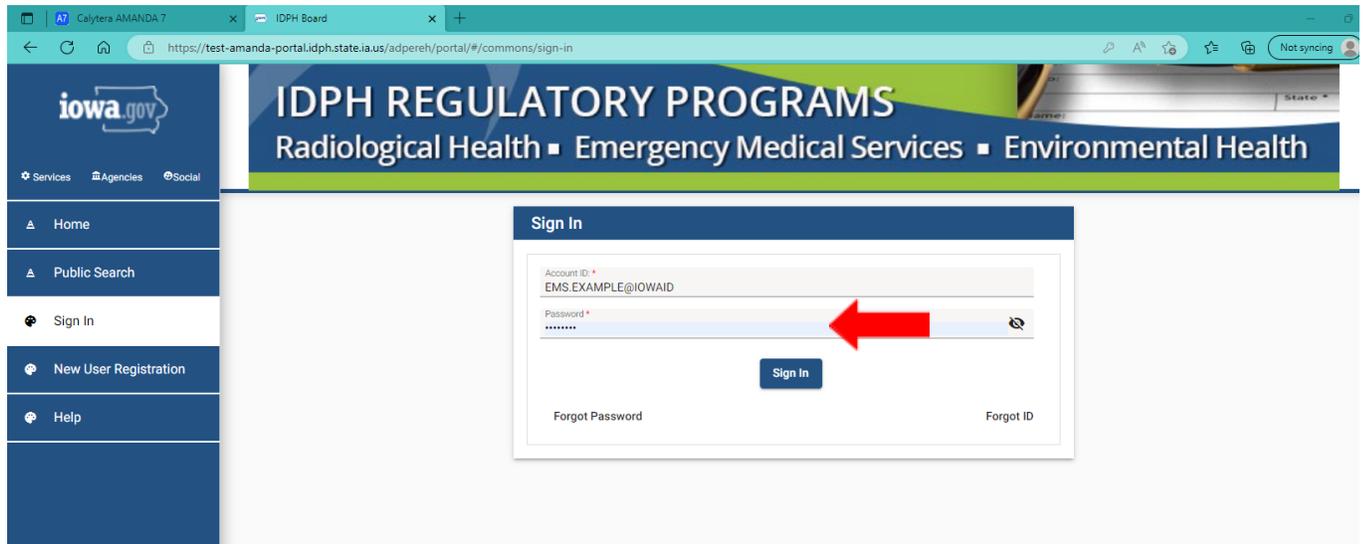
If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team at 1-855-824-4357.

If you need assistance with questions in the application form after reviewing these instructions, contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-281-0620

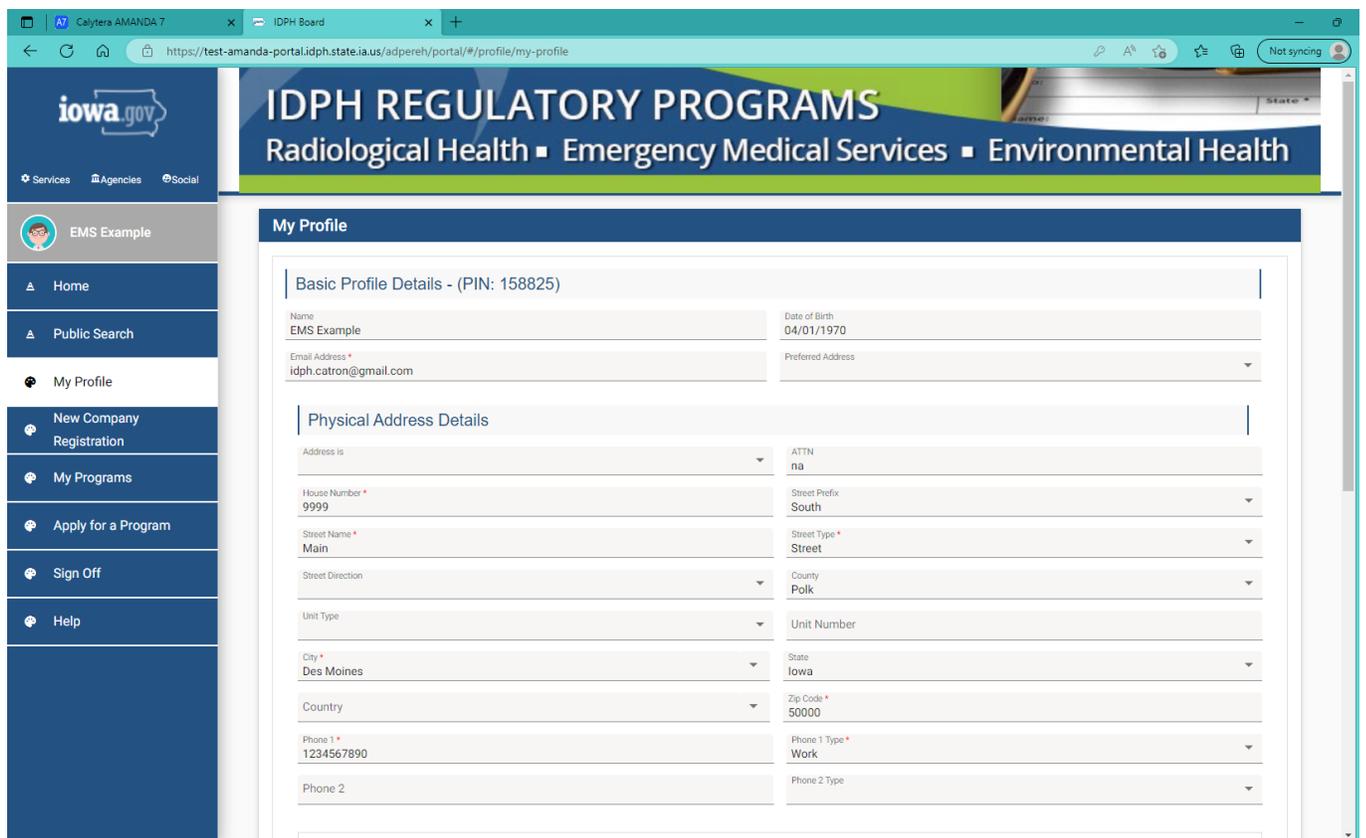
STEP 1: SIGN IN

After creating your A&A account, **Sign In** on the portal if you are not already signed in.





After signing in, you will be taken to the **My Profile** page. Click **Continue** or click **Apply for a Program**.



Browser tabs: Calytera AMANDA 7, IDPH Board

URL: <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/profile/my-profile>

Navigation menu (left): Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, Help

Form fields (top):
City: 50000
Phone 1: 1234567890
Phone 1 Type: Work
Phone 2: [empty]
Phone 2 Type: [empty]

Form content:
Select personal license or an organization to proceed
Select a Membership for your Actions
Personal Licenses

Buttons: Continue, Reset, Addresses

WELCOME TO YOUR PROFILE PAGE!

This is your individual landing page and contains your Personal Information. Please provide your Physical Address Details:

- All fields marked with an * are mandatory. Enter the Street name in the Street name field; the street type (i.e. ST, AVE.) should be entered in the Street type field. The upside down triangle will assist you by providing a list of values for the type field. When Entering Information in the phone field enter your ten-digit phone number without spaces. It is required to keep the above information as your Individual Personal Information. Failure to keep the information current could result in Program Disciplinary Action.

This page does not specifically reflect your Individual or Business Licenses. Further navigation is needed to access your Licenses.

- To Navigate or Apply for Individual Licenses, verify the information on this page is correct, then select Continue.
- To Navigate or Apply for Businesses, Click the Company name under Registered User Membership. Click Continue. If you do not see your business listed under Registered User Membership, then Please contact Program Office. Review any documentation you received from IDPH on how to associate yourself with an existing business. Or if you are applying for the First time, click on Continue to create a Brand New Business.

If you have different Addresses. Click on the Addresses Button on the right to provide or update the Addresses you have.

NOTE:

- Name changes: Individual name changes must be submitted here <https://dph.iowa.gov/adpereh/amanda> Business name changes must call to the program office.
- All hard copy documents from the Program Office will be sent to the Mailing Address. The address will display during a Public Search.

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Social media icons: Facebook, Twitter, LinkedIn, Instagram, YouTube

STEP 2: APPLY FOR A PROGRAM

If you clicked **Continue**, you will be taken to your **My Programs** page.

To apply for an EMS provider certification, click on **Apply for a Program**.

The screenshot shows the IDPH Regulatory Programs website. The header includes the Iowa.gov logo and navigation links for Services, Agencies, and Social. The main header reads "IDPH REGULATORY PROGRAMS" with sub-sections for Radiological Health, Emergency Medical Services, and Environmental Health. The user is logged in as "EMS Example". The left sidebar contains navigation options: Home, Public Search, My Profile, New Company Registration, My Programs, **Apply for a Program** (highlighted with a red arrow), Sign Off, and Help. The main content area shows "My Programs EMS Example" with a table titled "Programs for EMS Example".

| License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew |
|------------|-------------|--------------|--------|------------|-------------|------------|---------|-----------------|-------|
| EMT4004181 | EMS Example | EMS Provider | Active | 01/12/2023 | 03/31/2025 | Des Moines | Details | Online Services | |

Items per page: 5 | 1 - 1 of 1

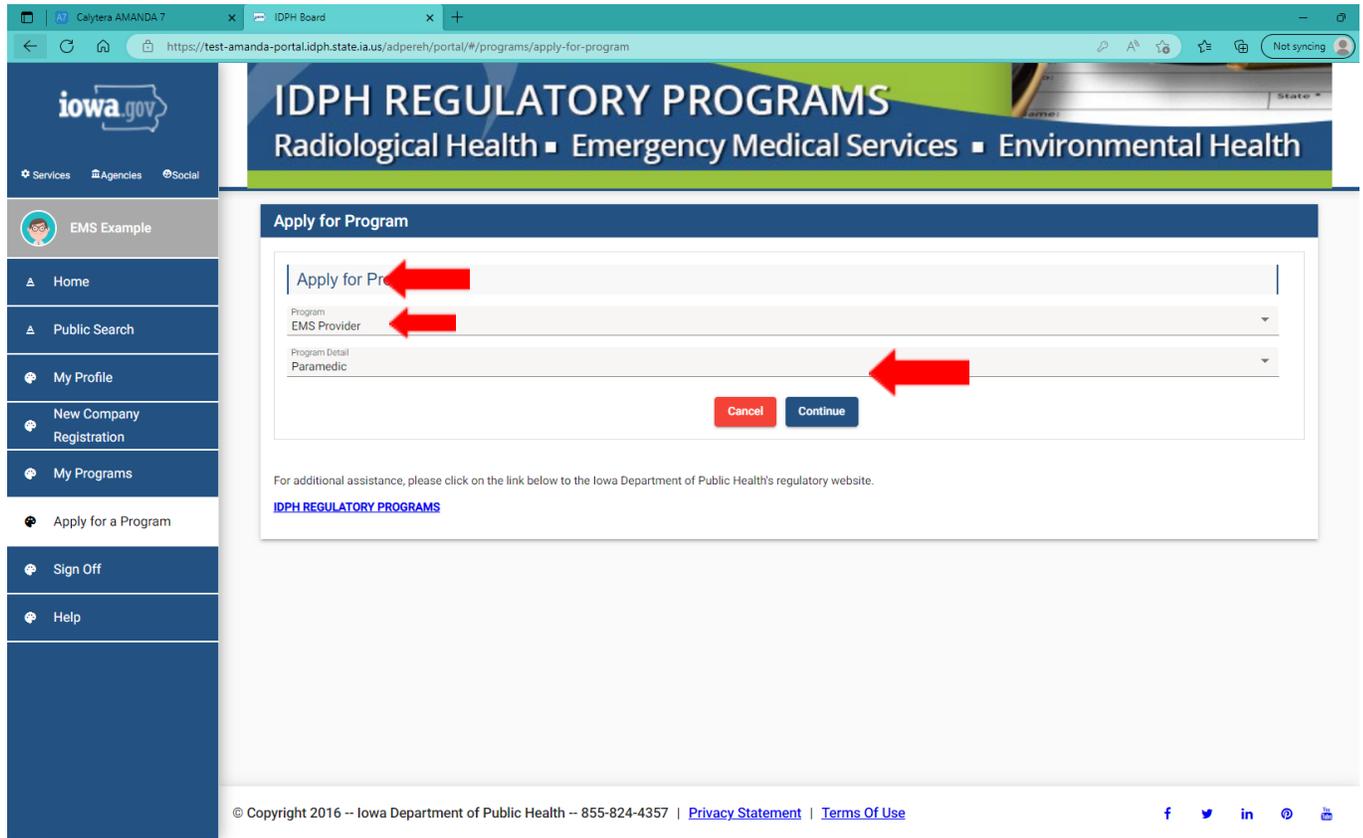
[Make Payment](#)

Instructions to Apply for a Program:

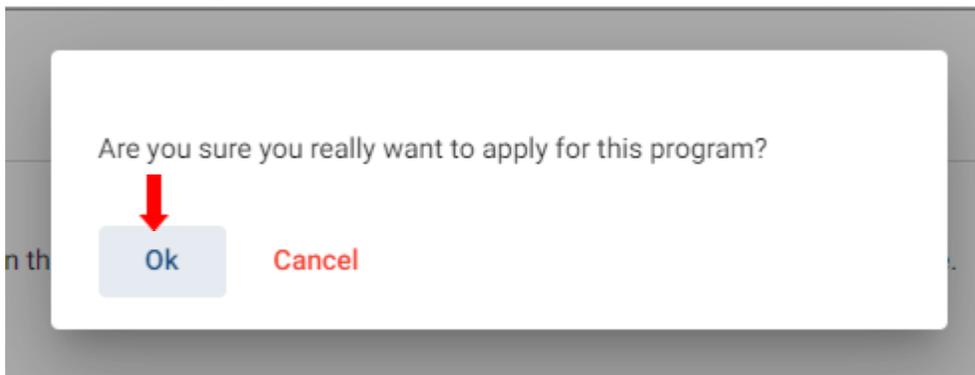
- Click on Details to add a new piece of equipment or edit/view an already approved application.
- Click on Online Services to select services available for your License type.
- Click on Renew (when displayed) to complete a renewal application.
- Click on Edit (if displayed) to complete a pending application.

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On the **Apply for Program** page, select your **Program** as “EMS Provider” and select your **Program Detail** as the level of certification you are applying for (EMR, EMT, AEMT or Paramedic) then click **Continue**.



A pop-up message will appear. Click **OK** to continue with the application.



STEP 3: APPLICATION FORM

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page header includes the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS Emergency Medical Services Providers". The main content area is titled "Application Form" and contains the following sections:

- EMS Provider - Paramedic** (text input field)
- Applicant:** EMS Example
- Application Form** (list of sections with expandable arrows):
 - Affirmation
 - Personal Information
 - Current National Registry
 - Provider Disaster Questions
 - Fee Waiver Request
- Attachments** (text input field for Attachment Description)

At the bottom right, there is a pagination control showing "Items per page: 5" and "0 of 0".

STEP 4: AFFIRMATION

All questions in this section are required. If you answer Yes to any of these questions, provide a brief description of all relevant activities into the text box provided below. You may need to provide additional details in an attachment if necessary. (See STEP 7: ATTACHMENTS) You can also reference *EMS Application Affirmation Question Guidance* on the Bureau's website

<https://hhs.iowa.gov/public-health/emergency-medical-services-trauma>.

Browser tabs: Calytera AMANDA 7, IDPH Board

URL: https://test-amanda-portal.lidph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

Logo: iowa.gov

Navigation: Services, Agencies, Social

Profile: EMS Example

Menu: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, Help

IDPH REGULATORY PROGRAMS Emergency Medical Services Providers

Application Form

EMS Provider - EMS Student

Applicant: EMS Example

Application Form

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 \$250). 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 plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a

Browser tabs: Calytera AMANDA 7, IDPH Board

URL: https://test-amanda-portal.lidph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info

Logo: iowa.gov

Navigation: Services, Agencies, Social

Profile: EMS Example

Menu: Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, Help

other chemical substances? *

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 \$250). 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 plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged 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.

EXAMPLE TEST 1/1/2001 Yourtown, USA criminal charge/misdemeanor, probation

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.

Personal Information

Current National Registry

STEP 5: PERSONAL INFORMATION

Please answer the following two (2) questions, the Gender selection is a required field.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/apply-for-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area contains several questions with text input fields and radio button options. A red arrow points to the 'Gender' dropdown menu, which is currently open, showing options: Female, Male, and Other. Below the Personal Information section are expandable sections for Current National Registry, Provider Disaster Questions, and Fee Waiver Request. At the bottom, there is an Attachments section with an Attachment Description field.

restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? *

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? *

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? *

If yes, provide a description of the circumstances.

Personal Information

Gender * 

Are you a veteran of the US Armed Forces?

Female

Male

Other

Current National Registry

Provider Disaster Questions

Fee Waiver Request

Attachments

Attachment Description

restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? *

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? *

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? *

If yes, provide a description of the circumstances.

Personal Information

Gender * : Female

Are you a veteran of the US Armed Forces? : Yes No

Current National Registry

Provider Disaster Questions

Fee Waiver Request

Attachments

Attachment Description

STEP 6: CURRENT NATIONAL REGISTRY

If you are or have been an EMS student in an Iowa EMS Authorized Training Program, you may not have obtained your National Registry of Emergency Medical Technicians (NREMT) and are working toward meeting those requirements. If that is the case you can leave this section blank and move onto Step 7.

If you already have a current registration with the NREMT, you are eligible to apply for initial EMS provider certification in Iowa. You will need to fill in the all three fields below and it is recommended that you attach a copy of your NREMT in “Attachments.” (See STEP 9: ATTACHMENTS)

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is a form with several sections. The 'Current National Registry' section is highlighted with a red arrow and contains three fields: 'Current National Registry' (a dropdown menu), 'NREMT Number (Attach a copy of NREMT Card)' (a text input field), and 'NREMT Expiration Date' (a date input field with a placeholder 'mm/dd/yyyy'). Above this section is the 'Personal Information' section, which includes a 'Gender' dropdown menu (set to 'Female') and a radio button question 'Are you a veteran of the US Armed Forces?' with 'No' selected. Below the 'Current National Registry' section are 'Provider Disaster Questions' and 'Fee Waiver Request' sections, both with dropdown arrows. At the bottom is an 'Attachments' section with an 'Attachment Description' label.

Example if you have NREMT information for the level you are applying for.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpreh/portal/#/programs/applyfor-program-info>. The page features a dark blue sidebar on the left with the Iowa.gov logo and a navigation menu. The main content area is white and contains several sections:

- Personal Information:** Includes a dropdown for "Gender" set to "Female" and a question "Are you a veteran of the US Armed Forces?" with "No" selected.
- Current National Registry:** Includes a dropdown for "Current National Registry" set to "Paramedic", a text input for "NREMT Number (Attach a copy of NREMT Card)" with the value "M1234567", and a date input for "NREMT Expiration Date" set to "03/31/2023".
- Provider Disaster Questions:** A section with a dropdown arrow.
- Fee Waiver Request:** A section with a dropdown arrow.
- Attachments:** A section with a header "Attachment Description" and a table structure.

The browser's address bar shows the URL, and the top right corner indicates "Not syncing".

STEP 7: PROVIDER DISASTER QUESTIONS

The two questions in this section are required and you must respond with a “Yes” or “No.”

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page is titled "Provider Disaster Questions" and contains the following information:

- Are you a veteran of the US Armed Forces?** : Yes No
- Current National Registry**
 - Current National Registry : Paramedic
 - NREMT Number (Attach a copy of NREMT Card) : M1234567
 - NREMT Expiration Date : 03/31/2023
- Provider Disaster Questions**
 - Are you willing to respond to a disaster in Iowa? * : Yes No
 - Are you willing to respond to a disaster that occurred outside of Iowa? * : Yes No
- Fee Waiver Request**
- Attachments**
 - Attachment Description
 - Items per page: 5 0 of 0
 - Buttons: Add New Attachment, Upload Attachments

STEP 8: FEE WAIVER REQUEST

The questions in this section are required. You may be eligible to waive the initial application and background check fees. In order to be eligible for the waiver of fees, you will need to provide documentation to show household income does not exceed 200% of the federal poverty guideline.

Here is a list of possible documentation you can provide to demonstrate household income or eligibility for the fee waiver. Please white out any sensitive information not pertaining to eligibility information (examples of what you may white out SSN or DOB).

1. Copies of latest federal or state tax returns (for applicant or whomever claims the applicant as a dependent).
2. Proof of total income for household through other supportive documents (payslips, W-2/1099s, social security benefits letter, unemployment benefits letter, etc.)
3. Proof of enrollment in a state of federal assistance program (Medicaid, WIC, Supplemental Nutrition Assistance Program, etc.)
4. Letter of explanation as to why applicant cannot provide any of the above and attestation to meeting the requirements.

If you select “Yes” for the question: “Do you wish to apply for a fee waiver?” You can attach a copy of one of the items listed above to the “Attachments.” (See STEP 9: ATTACHMENTS)

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page is titled "Provider Disaster Questions" and "Fee Waiver Request".

Provider Disaster Questions:

- Are you willing to respond to a disaster in Iowa? * Yes No
- Are you willing to respond to a disaster that occurred outside of Iowa? * Yes No

Fee Waiver Request:

- Are you applying for this license/registration/certification for the first time in Iowa? * Yes No
- Do you wish to apply for a fee waiver? * Yes No
- Is your household income less than 200% of the Federal Poverty Level? *
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: *

Attachments:

Attachment Description

Items per page: 5 0 of 0 < >

[Add New Attachment](#) [Upload Attachments](#)

[Cancel](#) [Continue](#)

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STEP 9: ATTACHMENTS (OPTIONAL)

Click the **Add New Attachment** button at the very end of the application form.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page title is "Fee Waiver Request".

The form contains the following questions and options:

- Are you applying for this license/registration/certification for the first time in Iowa? * : Yes No
- Do you wish to apply for a fee waiver? * : Yes No
- Is your household income less than 200% of the Federal Poverty Level? * :
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * :

The "Attachments" section is titled "Attachment Description" and shows a table with one row:

| Type | Description | File |
|---|-------------------------------|-------------------------------|
| <input type="text" value="Court Document"/> | <input type="text" value=""/> | <input type="text" value=""/> |

Below the table, there are three input fields:

- Type * (with a dropdown arrow and a red underline, with a red arrow pointing to it)
- Description * (with a red underline, with a red arrow pointing to it)
- File (with a "Choose File" button, "No file chosen" text, and a red underline, with a red arrow pointing to it)

At the bottom of the form, there are two buttons: "Add New Attachment" (with a red arrow pointing to it) and "Upload Attachments". There are also "Cancel" and "Continue" buttons.

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The screenshot displays a web application interface for the Iowa Department of Public Health. On the left is a dark blue sidebar with the 'iowa.gov' logo and a list of navigation options: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area is titled 'Fee Waiver Request' and contains several form fields with radio buttons and dropdown menus. Below this is an 'Attachments' section with a table for 'Attachment Description'. A file selection dialog is open, showing a list of files including 'Proof of Certification'. The dialog has a 'Choose File' button and a 'File is required' error message. At the bottom of the attachment section are 'Add New Attachment' and 'Upload Attachments' buttons. The footer contains copyright information and social media icons.

Include a short **Description** of the attachment. Click **Choose File** and select a document from your files. Click **Upload Attachments**.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a sidebar with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help.

The main content area is titled 'Fee Waiver Request' and includes the following form fields:

- Are you applying for this license/registration/certification for the first time in Iowa? * : Yes No
- Do you wish to apply for a fee waiver? * : Yes No
- Is your household income less than 200% of the Federal Poverty Level? * : Not Applicable: Not requesting fee waiver
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * : Not Applicable: Not requesting fee waiver

Below the form is the 'Attachments' section, which includes an 'Attachment Description' table:

| Type | Description | File |
|------------------------|-------------|--------------------------|
| Proof of Certification | NREMT | Choose File NREMT.docx |

At the bottom of the attachments section are buttons for 'Cancel', 'Continue', 'Add New Attachment', and 'Upload Attachments'. Red arrows in the image point to the 'Description' column header, the 'Choose File' button, and the 'Upload Attachments' button.

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NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the EMS 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.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-info>. The page features a sidebar with the Iowa.gov logo and navigation links: Services, Agencies, Social, EMS Example, Home, Public Search, My Profile, New Company Registration, My Programs, Apply for a Program, Sign Off, and Help. The main content area contains a 'Fee Waiver Request' section with the following questions and options:

- Are you willing to respond to a disaster that occurred outside of Iowa? : Yes No
- Are you applying for this license/registration/certification for the first time in Iowa? * : Yes No
- Do you wish to apply for a fee waiver? * : Yes No
- Is your household income less than 200% of the Federal Poverty Level? * : Not Applicable: Not requesting fee waiver
- I attest that my household income does not exceed 200% of the federal poverty income guidelines and agree to submit documentation of one of the following to verify my household income: * : Not Applicable: Not requesting fee waiver

Below this section is an 'Attachments' table:

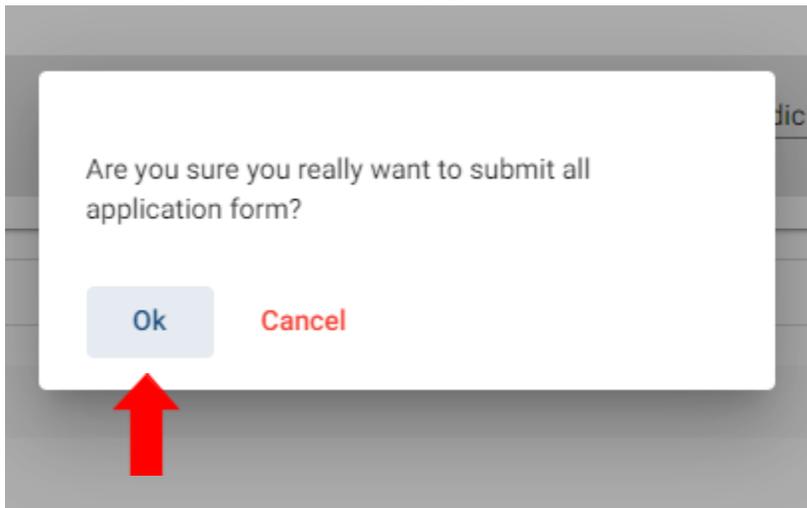
| Attachment Description | |
|------------------------|----------------------|
| Court Document | View |
| NREMT | View |

At the bottom of the form, there are two buttons: 'Cancel' and 'Continue'. A red arrow points to the 'Continue' button.

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When you click **Continue**, a pop-up message will appear.

Click **OK** to proceed to the next page.



STEP 10: 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, then click **Continue**.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/programs/applyfor-program-terms>. The page header includes the Iowa.gov logo and the text "IDPH REGULATORY PROGRAMS Emergency Medical Services Providers". The main content area is titled "Terms and Conditions" and contains the following text:

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.

A red arrow points to the checked checkbox, and another red arrow points to the "Continue" button.

At the bottom of the page, there is a copyright notice: "© Copyright 2016 -- Iowa Department of Public Health -- 855-824-4357 | [Privacy Statement](#) | [Terms Of Use](#)" and social media icons for Facebook, Twitter, LinkedIn, and YouTube.

STEP 11: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

If you are not ready to make a payment, or need to attach additional documents, click the **Pay Later** button to be returned to your programs page. Click Details to view your application and add additional attachments. Click **Make a Payment** when you are ready to pay. (**Note:** your application is not considered submitted until payment is made.)

The screenshot shows the 'Make Payment' page for IDPH Regulatory Programs. The page header includes 'iowa.gov' and 'IDPH REGULATORY PROGRAMS' with sub-sections for Radiological Health, Emergency Medical Services, and Environmental Health. The main content area is titled 'Make Payment' and contains the following text:

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 |
|----------------------|--------------|----------------|--------|----------------------------|-----------------------------|-------------------------|
| 383244 | EMS Provider | Paramedic | New | EMSI Background check fee | \$50.00 | No |
| 383244 | EMS Provider | Paramedic | New | PARA Initial Fee | \$30.00 | No |
| | | | | Fee Amount: \$80.00 | Paid Amount: \$00.00 | Fee Due: \$80.00 |

At the bottom right of the table, there are two buttons: 'Pay Later' and 'Pay Now'. A red arrow points to the 'Pay Now' button. Below the buttons is a section for 'Payment Later Options'.

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When you click on **Pay Now**, the next screen you come to will also give you the option to click **Pay Later** or **Pay Now** again. Click **Pay Now** if you are ready to pay.

The screenshot shows a web browser window with the URL <https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment-now>. The page features the Iowa.gov logo and a navigation menu on the left with items like Home, Public Search, My Profile, and My Programs. The main content area is titled 'IDPH REGULATORY PROGRAMS' and includes sub-sections for Radiological Health, Emergency Medical Services, and Environmental Health. Below this is a 'Make Payment' section with a message: '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.' A note states: '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.' A table titled 'Fee Details' is shown with the following data:

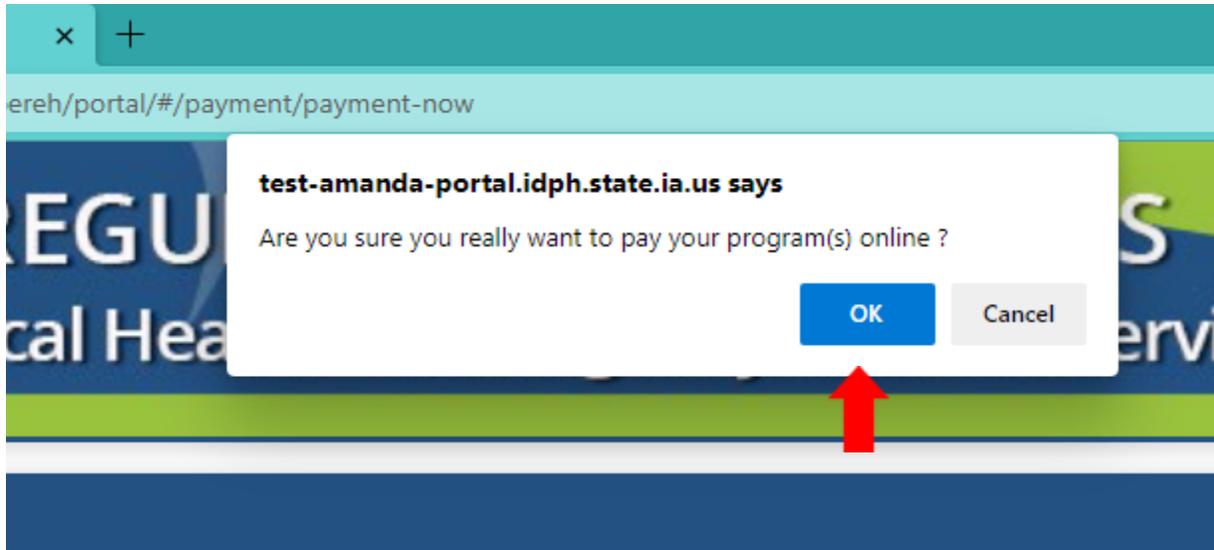
| Reference (Row ID) # | Product Fee Description | Fee Amount | Paid in Full |
|----------------------|----------------------------------|------------|--------------|
| 383244 | Emergency Medical Services (EMS) | \$80.00 | No |

Summary: Fee Amount: \$80.00, Paid Amount: \$00.00, Fee Due: \$80.00. Two buttons, 'Pay Later' and 'Pay Now', are located at the bottom right of the table. A red arrow points to the 'Pay Now' button.

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When you click **Pay Now**, a pop-up message will appear.

Click **OK** to proceed to the next page.



On the **Make a Payment** page, choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information.

Make a Payment

My Payment

| | |
|-------------------------|--------------------|
| State of Iowa TEST site | Amount Due \$75.00 |
|-------------------------|--------------------|

Payment Information

| | |
|----------------|----------|
| Frequency | One Time |
| Payment Amount | \$75.00 |
| Payment Date | Pay Now |

Contact Information

| | |
|-----------------------|-------------------|
| First Name | IDPH |
| Last Name | Test |
| Company | (Optional) |
| Address 1 | 321 E 12th Street |
| Address 2 | (Optional) |
| City/Town | Des Moines |
| State/Province/Region | IA |
| Zip/Postal Code | 50319 |
| Country | US |
| Phone Number | 8558244357 |
| Email Address | ema.ema@mail.com |

[Become a Registered User](#)

Payment Method

| | |
|----------------|--------|
| Payment Method | Select |
|----------------|--------|

[Continue](#) [Cancel](#)

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

| | |
|----------------|--|
| Description | State of Iowa TEST site State of Iowa TEST site |
| Payment Amount | \$75.00 |
| Payment Date | 09/27/2017 |

Payment Method

| | |
|--------------------|------------------|
| Payer Name | IDPH Test |
| Card Number | |
| Expiration Date | Aug-2018 |
| Card Type | Visa |
| Confirmation Email | ema.ema@mail.com |

Billing Address

| | |
|-----------------------|-------------------|
| Address 1 | 321 E 12th Street |
| City/Town | Des Moines |
| State/Province/Region | IA |
| Zip/Postal Code | 50319 |
| Country | United States |

Contact Information

| | |
|-----------------------|-------------------|
| First Name | IDPH |
| Last Name | Test |
| Address 1 | 321 E 12th Street |
| City/Town | Des Moines |
| State/Province/Region | IA |
| Zip/Postal Code | 50319 |
| Country | United States |
| Phone Number | 8558244357 |
| Email Address | ema.ema@mail.com |

[Confirm](#) [Back](#)

Click **Confirm** on the **Review Payment** page if the payment details are correct.

Write down your Confirmation **Number** or **print this page** for your records.

Click **Continue** at the bottom of the screen to be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWTST004926730**

Payment Details

You can click Sign Off when you have come to this page and you have no other programs to apply for.

Browser tabs: Calytera AMANDA 7, IDPH Board

URL: https://test-amanda-portal.idph.state.ia.us/adpereh/portal/#/payment/payment

iowa.gov

Services Agencies Social

EMS Example

- Home
- Public Search
- My Profile
- New Company Registration
- My Programs
- Apply for a Program
- Sign Off
- Help

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

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.

There are no Fees to Pay.



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STEP 12: ADDITIONAL REQUIREMENTS

1. **BACKGROUND CHECK:** If you have not already done so you, you will need to complete background check materials and submit them to the Iowa Bureau of Emergency Medical and Trauma Services. If you are an Iowa EMS student, your Iowa EMS Training Program has or will provide you with a background check packet. If you are new to Iowa, and have your NREMT and are applying for your Iowa EMS provider certification, you will need to contact the Iowa Bureau of Emergency Medical and Trauma Services at 515-281-0620 in order for the Bureau to mail you the background check materials to complete.
2. **NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT):** If you do not have your NREMT at the time of application, and you are in the process of completing an Iowa EMS training program course, the Bureau received weekly reports on updates for NREMT cognitive exam results. If you have completed all the NREMT requirements, the Bureau will be able to verify your NREMT status from these reports. Once the Bureau can verify your NREMT is current, the Bureau will update your NREMT information in your application.
3. Once all the Iowa EMS provider certification application requirements are met, the Iowa Bureau of Emergency Medical and Trauma Services will activate your EMS provider certification in AMANDA, and you will receive an email notification of Iowa EMS provider certification activation with a wallet card attached to the email.