

INSTRUCTIONS TO APPLY FOR A NEW REGISTRATION AS A BACKFLOW PREVENTION ASSEMBLY TESTER

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

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

For specific questions regarding the backflow prevention assembly tester registration program, please contact: Tonya Webb: (515) 242-5933 or tonya.webb@idph.iowa.gov

These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs page and follow the “How to create an account” instructions.

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



Your training provider must link your account to the class session in AMANDA before your registration can be completed. If you have not completed class stop here.

If you have completed class, you may want to verify with your training provider that they have linked your account to the class session before proceeding. You can continue and complete the application but your registration will not be issued until your training provider has made the link.

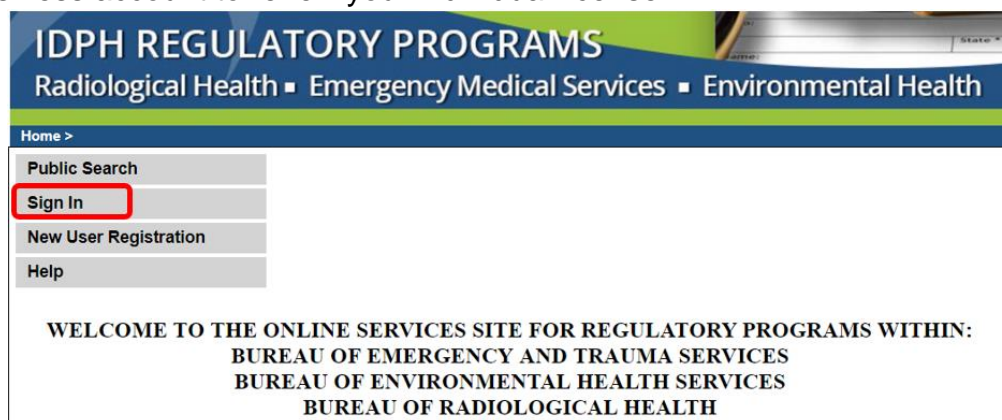
If needed, provide your training provider the PIN shown on your profile page.

Click **Sign Off** to log out of your account if you wish to stop here, otherwise continue following the steps below.

STEP 1: SIGN IN

Sign In with your existing account information.

REMINDER: These instructions are for renewing individual licenses. DO NOT set up a business account to renew your individual license.



STEP 2: APPLY FOR A PROGRAM

When you have logged in, click **Continue** from your Profile Page.

Home > My Profile

Home | Sign Off | Help

Basic Profile Details PIN: 349246

Name: _____
Date of Birth: _____
Email Address*: _____
Preferred Address: _____

Registered User's Memberships

Physical Address Details

Address is: _____ ATTN: _____
Street Number: _____ City*: _____
Street Prefix: _____ County: _____
Street Name*: _____ State*: _____
Street Type*: _____ Country: _____
Street Direction: _____ Zip Code*: _____
Unit Type: _____ Phone 1*: _____ Work _____
Unit Number: _____ Phone 2: _____

Select a Membership for your Actions

Continue Reset Addresses

If you have existing licenses they will show under Programs for [Your Name.] For existing licenses, return to the IDPH Regulatory Programs Backflow webpage for instructions on how to Renew an Existing License.

To apply for a New License, click on **Apply for a Program**.

Home > My Programs

Home | Public Search | My Profile | New Company Registration | **Apply for a Program** | Sign Off | Help

Programs for Your Name

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
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Make Payment

On the following screen, use the drop down arrow to select **Backflow Tester** in both the Program and Program Detail boxes.

Click the **Continue** button .

Home > My Programs > Apply for Program

Home | Sign Off | Help

Apply for Program

Program: Backflow Tester
Program Detail: Backflow Tester

Cancel Continue

A pop-up message will appear. Click **OK**.

Message from webpage

Are you sure you really want to apply for this program?

OK Cancel

STEP 3: APPLICATION FORM

Read the instructions carefully before trying to complete the three sections under the Application Form area. All 3 sections of the Application Form must be completed. Click the **Expand All** to fill out all the required fields.

STEP 4: AFFIRMATION

All 6 questions must be answered. If you answer **Yes** to any of these questions, provide a brief description with relevant activities in the text box provided below the question. Please review the instructions next to the textbox for any documentation that is required to be attached. Any other additional details can be provided in an attachment if necessary. (See Step 6 for attachment instructions.)

The department may require the applicant to submit supplementary statements or documents containing additional information to enable the department to determine whether an application should be approved or denied, or whether a previously issued certification should be amended, suspended, or revoked.

STEP 5: THIRD PARTY & OUT OF STATE CREDENTIALS

One of these sections must be completed if you did not take an Iowa approved 32-Hour Training course. If you took an Iowa approved 32-Hour Training course, answer **No** to all three.

If you answer **Yes** any of the questions, additional documentation may need to be attached. (See Step 6 for attachment instructions.)

The screenshot shows two sections of the application form:

- Third Party Certification:**
 - Current National American Backflow Prevention Assoc. (ABPA) or American Society of Sanitary Engineers (ASSE) Certification. * Yes No
 - Select Third Party: [Dropdown menu]
 - Certification Number: [Text input]
 - Expiration Date: [Text input]
- Back Flow Tester Out of State Credentials:**
 - Current tester credentials issued by another jurisdiction? - upload copy of card * Yes No
 - Name of issuing jurisdiction: [Text input]
 - License Number: [Text input]
 - Date of Expiration: [Text input]
 - Current tester credentials issued by Out of State course approved by Iowa? - upload course information * Yes No
 - Course Name: [Text input]
 - Course Number: [Text input]
 - Course Date: [Text input]
 - Course Location: [Text input]
 - Course Sponsor or Provider Name: [Text input]

STEP 6: ADD ATTACHMENTS & CONTINUE

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 a table with columns for 'Attachment' and 'Attachment Description'. At the bottom right of the table, there is a yellow button labeled 'Add New Attachment'.

The screenshot shows the attachment form with the 'Type' dropdown menu open, showing a list of attachment types. The 'Choose File' button is highlighted in yellow.

- 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 **Choose File**.
- 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 dropdown menu for attachment types, with the following options listed:

- 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
- Signature

The name of the document should appear next to the **Choose File** button.

The screenshot shows the attachment form with the 'Type' dropdown set to 'Court Docum' and the 'Description' field containing 'Release from Pprobation'. The 'Choose File' button is highlighted in yellow, 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.

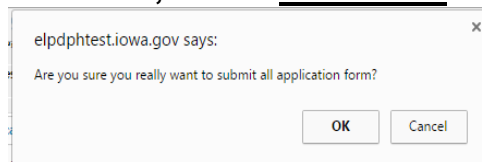
DO NOT CLICK CANCEL – this will void your entire application.

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.

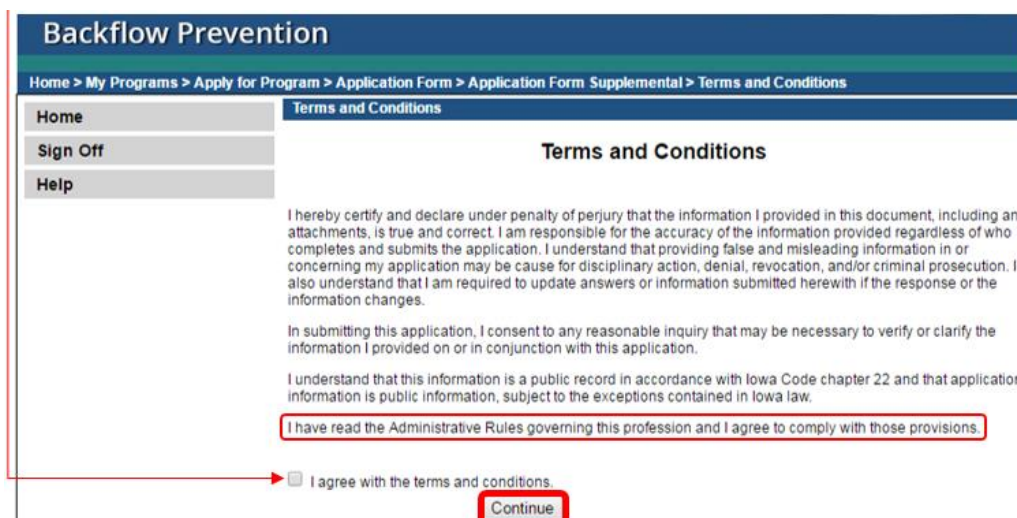
Click **OK** to proceed to the next page.



STEP 7: TERMS & CONDITIONS

You will be directed to the **Terms and Conditions** page.

Read the terms and conditions, and if you agree, click the box next to “I agree with the terms and conditions” statement to check it. Then click **Continue** .



STEP 8: MAKE A PAYMENT

Next you will be taken to the **Make Payment** page. Your application is not considered completed until a payment is made.

If you need to attach additional documentation click the **Pay Later** button. Otherwise, skip to the **Pay Now** instructions on the next page.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
539768	Backflow Tester	Backflow Tester	New	Backflow Tester Initial Fee	\$24.00	No
Total						
					Fee Amount:	\$24.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$24.00

PAY LATER:

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
538768	Backflow Tester	Backflow Tester	New	Backflow Tester Initial Fee	\$24.00	No
Total						
					Fee Amount:	\$24.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$24.00

- If you click the **Pay Later** button, you will get a reminder pop-up that your application is not considered submitted until payment is made.
- You will be returned to your **My Programs** page where you will see your registration listed and its status.
- When you are ready to complete the application process, go to the appropriate section and double click on the **Details** link.

Programs for									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
BPAT###		Backflow Tester	New	09/31/2019	10/31/2019	Des Moines	Details	Online Services	

NOTE: If under the **Details** column it shows a link for **Edit** instead of **Details**, this means there is missing information within the application. Click the **Edit** link to review all sections of the form and complete any missing information before attempting to pay.

From here you can view the Details of your application, **Add New Attachment**, or **Upload Attachments**.

When you are ready, click **Make a Payment**.

Fees			
Fee List			Payment
Bill Number	Description	Fee Amount	
6049	Backflow Tester Initial Fee	\$24.00	No payment to be displayed.
Total		\$24.00	

Total Due: \$24.00

Attachments	
Attachment Description	
<input type="button" value="Add New Attachment"/>	<input type="button" value="Upload Attachments"/>

PAY NOW:

If you select **Pay Now** you will be directed to the online payment system. Select **Pay Now** when asked, and complete your online payment information.

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
538768	Backflow Tester	Backflow Tester	New	Backflow Tester Initial Fee	\$24.00	No
Total						
					Fee Amount:	\$24.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$24.00

Select **Payment Method**, and fill in your payment details and click **Continue**, then click **Confirm** on the review page. When you reach the **Confirmation** page, record your confirmation number and click **Continue** to view your Receipt.

My Payment

IDPH Licensing and Regulatory Programs
Amount Due: \$50.00

Payment Information

Frequency: One Time
Payment Amount: \$50.00
Payment Date: Pay now

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: 52799
Country: US
Phone Number: 8990900900
Email Address: adperamandaone@gmail.com

Payment Method

Payment Method: Select

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

The following page is your confirmation page.

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.
Confirmation Number: **IOWDPH004000710**

Payment Details

Description: Department of Public Health
IDPH Licensing and Regulatory Programs
https://idph.iowa.gov/
Payment Amount: \$50.00
Payment Date: 11/22/2016
Status: PROCESSED

Payment Method

Payer Name: Adper Amandaone
Card Number: *1111
Card Type: Visa
Confirmation Email: adperamandaone@gmail.com

Billing Address

Address 1: 09 N Oliver Drive
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 52799
Country: United States

[Continue](#)

Notes About Application Processing:

- If there is no required review by program staff and if needed, your training provider has linked your account to a class session you will be emailed your registration card with in typically 1-2 business days.
- If you did not provide an email address, it will be mailed to you.
- If further program staff review is needed you will be contacted if additional information is needed or your card will be issued when review is complete.
- You can verify your status by returning to the above page and clicking on Public Search and search on your name.