

INSTRUCTIONS TO RENEW A 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.

All active BPATs as of 07/01/2017 have had a BPAT license record created in AMANDA. As you proceed through account creation and logging into the licensing portal, you will be linked to your BPAT license record.



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.

The screenshot shows the IDPH Regulatory Programs website. The header includes "IDPH REGULATORY PROGRAMS" and "Radiological Health ■ Emergency Medical Services ■ Environmental Health". Below the header is a navigation menu with "Home >". A sidebar contains links for "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". The main content area displays a welcome message: "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".

STEP 2: RENEW

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 appear under Programs for [Your Name.]
Click **Renew** on the line next to your active license

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
RAD101160		Permit To Practice	Active	12/06/2016	12/31/2017	Norwalk	Details	Online Services	
BPAT3769		Backflow Tester	Active	07/26/2017	08/31/2017	Norwalk	Details	Online Services	Renew

A pop-up will appear. Click **OK** to continue.

dphregprograms.iowa.gov says: ×

Are you sure you really want to renew 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.

Home > My Programs > Apply for Program > Application Form

Backflow Tester - Backflow Tester

Applicant

Home

Sign Off

Help

Application Form Expand All

- ▶ Affirmation
- ▶ Third Party Certification
- ▶ Back Flow Tester Out of State Credentials

Attachment

Attachment Description

Add New Attachment

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.

▼ 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, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.) *

Yes No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

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.

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 the following structure:

Attachment
Attachment Description
Add New Attachment

The screenshot shows the form for adding an attachment:

Type: [Dropdown menu] Description: [Text input] **Choose File** No file chosen **Add New Attachment**

- 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 dropdown menu lists the following attachment types:

- 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 form with the file name entered:

Type: [Dropdown menu] Description: [Text input] **Choose File** summary.docx

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.

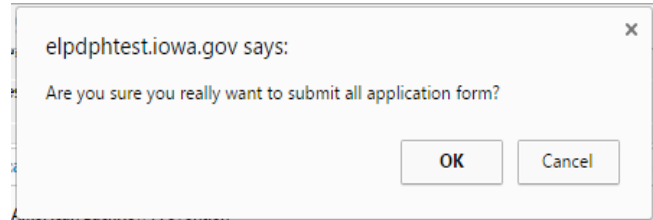
DO NOT CLICK CANCEL – this will void your entire application.

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.

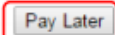
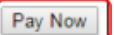
Read the terms and conditions, and if you agree, click the box next to “I agree with the terms and conditions” statement to check it. Then click **Continue** .

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
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	

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
						<input type="button" value="Pay Later"/> <input type="button" value="Pay Now"/>

- 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	<input type="button" value="Details"/>	<input type="button" value="Online Services"/>	
									<input type="button" value="Make Payment"/>

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

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
						<input type="button" value="Pay Later"/> <input type="button" value="Pay Now"/>

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: 56789
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: 56789
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.