

# INSTRUCTIONS TO APPLY FOR A RADON MITIGATION SPECIALIST CERTIFICATION

Use the following link to access the online licensing system:

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

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

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

If you need assistance navigating the portal after reviewing these instructions, contact the Online Licensing Support Team: 1-855-824-4357 or [adpereg@idph.iowa.gov](mailto:adpereg@idph.iowa.gov)

## REQUIRED DOCUMENTS:

To view the full list of application requirements, please visit <https://idph.iowa.gov/radon/get-certified> to view the "[Mitigation Specialist Application Guide](#)."

## STEP 1: SIGN IN

If you are not already signed in, click **Sign In** on the portal home page.



## STEP 2: CONTINUE FROM THE PROFILE PAGE

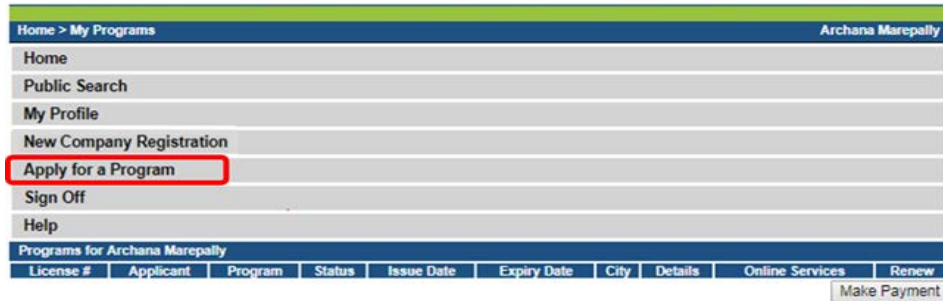
After signing in you will be taken to your Profile Page. Click **Continue** at the bottom.

The screenshot shows the user profile page. The 'Basic Profile Details' section includes fields for Name (Archana Marepally), Date of Birth (12/09/1990), Email Address (archana.marepally@idph.io), and Preferred Address. The 'Physical Address Details' section includes fields for Address is, ATTN, Street Number (1123), City (Iowa City), Street Prefix, County (Polk), Street Name (Dorset), State (Iowa), Street Type (Drive), Country (US), Street Direction, Zip Code (50131), Unit Type, Phone 1 (7800099090), and Unit Number. The 'Continue' button is highlighted with a red box.

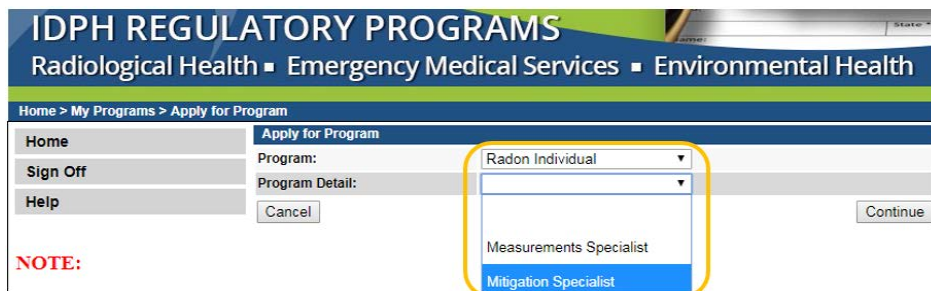
### STEP 3: APPLY FOR A PROGRAM

Next, you will be directed to the **My Programs** page.

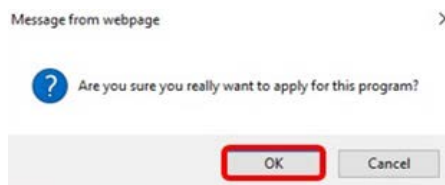
- 1) Click on **Apply for a Program**.



- 2) On the next screen: Select **Program** as Radon Individual. Select **Program Detail** as Measurement Specialist. Click **Continue**.



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



### STEP 4: APPLICATION FORM

The renewal application will appear on the next screen.

- 1) Click **Expand All** on the right side of the **Application Form**.
- 2) Questions with a red asterisk \* or highlighted are mandatory.



## STEP 5: RADON TRAINING & TESTING

The following questions require “Yes” answers in order for your application to be approved.  
(To review the requirements visit this website: <https://idph.iowa.gov/radon/get-certified> )

▼ Radon Training and Testing

I am attaching documentation based on completion of training approved by NRPP or NRSB \*  Yes  No

I have passed a measurement exam approved by NRPP or NRSB with 70% minimum score and attaching documentation \*  Yes  No

## STEP 6: RADON WORK & EDUCATION

- 1) You must select to attach at least one of the following.
- 2) Step 11 will show you how to add your attachments.)

▼ Radon Work and Education

I am attaching copy of transcript / resume based on the 2 years of education/work experience requirement \*

Education and Work Experience

Education Only

Work Experience Only

## STEP 7: RADON AFFIRMATION STATEMENTS

The following questions require “Yes” answers in order for your application to be approved.  
(NOTE: You will not have QA/QC or Worker Plan numbers at this time. **Step 11** shows how to add attachments. To review the requirements visit this website: <https://idph.iowa.gov/radon/get-certified> )

▼ Radon Affirmation Statements

I will keep all records for a minimum of 5 years after the radon mitigation installation is completed \*  Yes  No

I will submit any changes in procedures within 14 days to IDPH \*  Yes  No

I will conduct business in accordance with all local building codes and ordinances within the protocols established by EPA, ASTM E2121, and NRPP guidelines and mitigation protocols \*  Yes  No

I am uploading a QA/QC plan for mitigation \*  Yes  No

If no, I have a preapproved QA/QC plan number and will provide these numbers in fields below:

QA/QC plan #1

QA/QC plan #2

QA/QC plan #3

QA/QC plan #4

I am uploading a Worker Protection plan to address radiation exposure to workers monitoring and PPE. Please upload worker protection plan \*  Yes  No

If no, I have a preapproved Worker Protection plan number provided by my employer

Worker Protection plan #1

Worker Protection plan #2

Worker Protection plan #3

Worker Protection plan #4

I am uploading an example installation manual that will be provided to the home owner after each installation \*  Yes  No

## STEP 8: AFFIRMATION

- 1) Answer the following questions.
- 2) If you answer **Yes** you must provide additional information in the text box preceding the question. (NOTE: You may be asked to provide additional documentation.)

**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 9: EDUCATION & EXPERIENCE

Add your Education and/or Experience here based on the answer you gave in **STEP 7**.

- 1) Click **Add** to enter your Education and/or Experience.
- 2) Click **Save** after entering your details. (Use the scroll bar to see additional fields.)
- 3) When you have finished, click **Continue**.

**Application Form Details** Collapse All

**Education**

College/University Name	State	City	Dates Attended (From MM/YYYY to MM/YYYY)	Major/Course Work Topics
<ul style="list-style-type: none"> <li>Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.</li> <li>Just clean all fields if you do not need a specific row or new added row.</li> </ul>				
<input type="button" value="Add"/> <input type="button" value="Save"/>				

**Experience**

Job Description	Company Name	State	City	Zip Code	Dates Worked (From MM/YYYY to MM/YYYY)
<ul style="list-style-type: none"> <li>Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.</li> <li>Just clean all fields if you do not need a specific row or new added row.</li> </ul>					
<input type="button" value="Add"/> <input type="button" value="Save"/>					

**Attachment**

Attachment Description

## STEP 10: ADD ATTACHMENTS & CONTINUE

To add any required documentation, you will need to click **Add New Attachment**. Skip this step if you do not have any attachments to add.

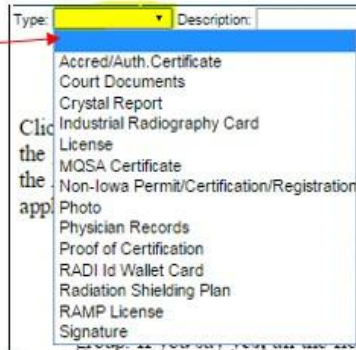


Attachment  
Attachment Description  
Add New Attachment



Attachment  
Attachment Description  
Type: [dropdown] Description: [text] Choose File No file chosen Add New Attachment

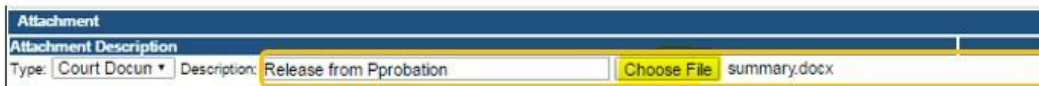
- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.



Type: [dropdown] Description: [text]

- 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  button.



Attachment  
Attachment Description  
Type: Court Docun Description: Release from Probation 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 completing the application, or your application could be delayed or denied.

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

## STEP 11: RDNI CONTACT LIST

- 1) Click **Add** and enter the contact details, then click **Save**.
- 2) When you have finished, click **Continue** at the bottom of the screen.

Process Free Form Description - Radon Mitigation Specialist Application Review Collapse All

▼ Mitigation Systems Installed

Process Free Form Description - Radon Measurement Specialist Application Review Collapse All

▼ RDNI Contact List

Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number
<small> <ul style="list-style-type: none"> <li>• Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.</li> <li>• Just clean all fields if you do not need a specific row or new added row.</li> </ul> </small>					
					<input type="button" value="Add"/> <input type="button" value="Save"/>

Attachment

Attachment Description

## STEP 13: TERMS AND CONDITIONS

Check the box as show to agree to Terms and Conditions and click Continue.

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home

Sign Off

Help

Terms and Conditions

### Terms and Conditions

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 be 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.

## STEP 14: PAYMENT

- 1) Click **Pay Now** when you see the option.
- 2) You will be directed to the payment system.

Home

Sign Off

Help

License Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
543445	Radon Individual	Mitigation Specialist	New	Radon Mitigation Specialist Application Fee	\$150.00	No
543445	Radon Individual	Mitigation Specialist	New	Radon Mitigation Specialist Iowa Resident Fee	\$25.00	No
<b>Total</b>						
			Fee Amount: \$175.00	Paid Amount: \$0.00	Fee Due: \$175.00	

Payment Later Options

- 3) Select **Payment Method**, and fill in your payment details.
- 4) Click **Continue** to review your payment information and click **Confirm**.

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 [REDACTED]  
 Payment Date 11/22/2016  
 Status PROCESSED

Payment Method

Payer Name Adper Amandaone  
 Card Number \*1111  
 Card Type Viss  
 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](#)

- 5) Keep a record of your **Confirmation Number** or **print this page** for your records.
- 6) Click **Continue** to be taken to your Receipt and return to your profile.