

Office Use: NAVLE \_\_\_\_\_  
NBE \_\_\_\_\_  
CCT \_\_\_\_\_

**STATE OF IOWA**  
**Iowa Board of Veterinary Medicine**  
**Wallace State Office Building**  
**502 E. 9<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 281-8617**

**Iowa Veterinarian License Application**  
**Temporary In-State Permit**

**INSTRUCTIONS:**

The application fee is \$15.00 and licensure fee is \$35.00 for 180 days from date of issue, once per calendar year and no more than three consecutive years. Your check or money order made payable to the Iowa Board of Veterinary Medicine **must accompany your application. No refunds.**

No application will be considered unless a copy of the original state license, a photocopy of the professional diploma and the fees accompany it. Also, it will be necessary for the applicant to contact the American Association of Veterinary State Boards, Veterinary Information Verifying Agency, 380 W. 22<sup>nd</sup> Street, Kansas City, MO 64108 to have their National Board Examination and Clinical Competency Test, or North American Veterinary Licensing Examination Scores transferred to this office.

No application will be considered from a foreign graduate without a copy of their professional diploma along with a copy of their Educational Certificate of Foreign Veterinary Graduates (ECFVG) or PAVE Certificate. It is also necessary that scores of their NBE and CCT, or NAVLE be forwarded to this office from the AAVSB Service in Missouri (address listed above).

All applications must be sent to the following address: **Iowa Board of Veterinary Medicine, Wallace State Office Building, 502 E, 9<sup>th</sup> Street, Des Moines, Iowa 50319.**

The filing of this application does not grant any special privileges to open an office or to conduct any method of treating animals in the State of Iowa.

**Please type or print legibly**

\_\_\_\_\_  
**Name** (First, Middle Initial, Last)

\_\_\_\_\_  
**Address** (Street, City, State & Zip Code)

**Citizenship Acquired By:**      **Birth** \_\_\_\_\_      **Naturalization** \_\_\_\_\_

<b>Education</b>				
<b>Name and Location of Institute</b>	<b>Attended</b>		<b>Date Graduated</b>	<b>Diploma or Certificate</b>
	<b><u>From</u></b>	<b><u>To</u></b>		

State(s) and date(s) where any veterinarian license was or is held:

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**Provide letters of good standing from each state in which you have ever been licensed.**

Have you ever been convicted of a felony? If so, give details: \_\_\_\_\_

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**I further state I have never had my license to practice veterinary medicine revoked, suspended or disciplined in any way, that no application either for admission to an examination or for a certificate to practice veterinary medicine has been denied me except as follows:**

\_\_\_\_\_ **Reason:** \_\_\_\_\_  
State and Date

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**I certify and state that prior to the date of this application I have not practiced veterinary medicine in Iowa illegally. I agree, should a certificate be granted me by the Iowa Board of Veterinary Medicine, that I will comply with the laws, rules and regulations pertaining to the Practice of Veterinary Medicine in Iowa.**

**I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Email address

PLEASE COMPLETE THE BELOW FORM  
(Print or type all information)

Name of Clinic where employed \_\_\_\_\_

Street, City, State & Zip Code of clinic \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Telephone Number \_\_\_\_\_

Clinic Fax \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Beginning January 1, 2021, you may be eligible to apply for a fee waiver if you meet the following requirements. This fee waiver will only affect the license/registration fee and does not apply to renewals.:

- 1) An applicant for initial licensure is eligible for a waiver of initial licensing fees if the applicant's household income does not exceed 200% of the federal poverty income guidelines and the applicant is applying for a license/registration for the first time.
- 2) To determine eligibility, you must first identify the number of individuals in your [household](#). Once this is determined, reference the [Federal Poverty Level](#) and identify the income that matches the number of individuals in your household. If your household income, as reported on your most recent federal tax return, is less than the identified value, you are eligible for the one-time fee waiver.

If you are eligible, please answer the following questions:

- 1) Do you wish to apply for a fee waiver?      Yes      No
- 2) Is your household income less than 200% of the Federal Poverty Level?      Yes      No
- 3) Are you applying for this license/registration type for the first time?      Yes      No

If all three of your answers above are “yes”, see below:

- 1) 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:
  - a. If you are married and filed separately, you will need to submit the Federal Tax Return for both your spouse and yourself.
  - b. If you were claimed as a dependent on another person’s tax return, you will need to submit the Federal Tax Return for the tax filer who claimed you as a dependent.
  - c. *Or other that you wish to include*

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**Signature**

Please upload/attach requisite documents.