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**STATE OF IOWA
 IOWA BOARD OF VETERINARY MEDICINE
 WALLACE STATE OFFICE BUILDING
 502 E. 9TH STREET
 DES MOINES, IOWA 50319
 (515) 281-8617**

Application for License for Endorsement by Diplomate Status

INSTRUCTIONS:

The \$50.00 fee must accompany each application along with a \$60.00 fee to cover licensing from July 1, 2020 through June 30, 2023. The fees are payable by check or money order. Return this application when properly completed and make fees payable to the Iowa Board of Veterinary Medicine.

A copy of the board specialty certificate must be included with the application.

No application will be considered unless a letter of good standing from each state ever licensed is received, a letter describing the reasons you are wanting licensure in Iowa, and a 5-year work history is attached to application. You must also submit 60 hours of continuing education acquired within the previous three years.

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) _____

Active Military _____

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

009-0818

List every state ever licensed and current licenses: _____

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

I further state I have never had my license to practice veterinary medicine revoked or suspended, 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

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 Number

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*

Signature

Please upload/attach requisite documents.