

# Registration Application for Iowa Veterinary Technician State Examination

(Web-based examination)

American Association of Veterinary State Boards (AAVSB) is administering the Iowa Veterinary Technician State Exam

**Examination Date(s):** The application and exam window for the Iowa Veterinary Technician State Exam will follow the AAVSB Veterinary Technician National Examination application and exam window dates as noted on the AAVSB website. Iowa state exam applicants will need to complete and submit the Iowa Veterinary Technician state registration application during this same time period. [Registration Application and fee due 30 days before the examination window](#)

**Registration Fee: \$45.00 check or money order payable to the Iowa Board of Veterinary Medicine  
NO CASH**

### Please Print the Following Information

Name in Full \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Do you need special accommodations for testing? \_\_\_ yes \_\_\_ no

***If you answered yes:*** If you have not already submitted an accommodations application to the AAVSB for the Veterinary Technician National Examination (VTNE), you can access the accommodations application on the AAVSB website <https://www.aavsb.org/licensure-assistance/jurisprudence-assistance/apply-for-your-jurisdictions-assessment/>

Must be a graduate of AVMA accredited school of veterinary technology. Please provide name and address of Veterinary Technology Program.

\_\_\_\_\_  
Date of Graduation \_\_\_\_\_

An official transcript with degree conferred must come directly from the school or online transcript service and submitted to the AAVSB per the VTNE application requirements <https://aavsb.org/vtne-overview/transcript-requirements>.

For out-of-state licensees seeking credentials in Iowa, transcripts can be mailed directly from the school to: AAVSB – Iowa SPA, 380 West 22<sup>nd</sup> Street, Suite 101, Kansas City, MO 64108 or online transcript service to [spa@aavsb.org](mailto:spa@aavsb.org). The AAVSB will provide the VAULT verified transcripts to the Iowa Board for credential requirements.

**Number of times you have taken the Veterinary Technician State Exam since January 1, 2006: \_\_\_\_\_**

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

State \_\_\_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_

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

I am licensed to practice as a veterinary technician in the following states:

Are you a citizen of the United States? Yes\_\_\_ No\_\_\_

I certify that the foregoing information is true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

You will be emailed by [schedule@goamp.com](mailto:schedule@goamp.com) when you are eligible to schedule your Iowa Veterinary Technician State Examination. You will be instructed to schedule your exam at a PSI testing center. **The Iowa Veterinary Technician State Examination online exam fee of \$175 is payable by credit card when you sign in to take the state exam at the PSI test center.**

**Return this application, the signed Confidentiality Statement, and the \$45 state registration application fee to:**

**Iowa Board of Veterinary Medicine  
Wallace State Office Building,  
502 E. 9<sup>th</sup> Street  
Des Moines, Iowa 50319**

**CHECK OR MONEY ORDER payable to the Iowa Board of Veterinary Medicine NO CASH**

## STATEMENT OF CONFIDENTIALITY

Applicable regulations governing professional conduct require that any act committed by an applicant or certified professional which raises a reasonable question as to an individual's fitness to practice (including, but not limited to, any form of communication between candidates on this examination) be reported to the applicable body governing professional conduct for investigation and disciplinary procedures.

I hereby attest under penalty of law that I will not divulge the nature or content of any question on this examination to any individual or entity. I understand that failure to sign this statement will result in my examination not being scored.

---

Signature

Date

---

Printed name

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 adjusted gross 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.