



**Iowa Board of Veterinary Medicine**  
Wallace State Office Building  
502 E. 9th Street  
Des Moines, IA 50319  
515-281-8617

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### Application for Specialized Limited License to Practice Veterinary Medicine in Iowa

As listed in Iowa Administrative Rules 811-6.6(169), the board may grant a license to practice veterinary medicine within a limited and specified scope:

1. As an option for board discipline under 811 – Chapter 10
2. To a qualified member of the faculty of the Iowa State University College of Veterinary Medicine
3. To an applicant requesting a limited or specialized status.

As stated in Iowa Administrative Rules 811 6.6(2), a licensed veterinarian shall not claim or imply specialization unless the veterinarian is a diplomate in good standing of the respective specialty board or college recognized by the AVMA.

**INSTRUCTIONS:** Complete this application and include the following:

- Completed application and fees (**one check \$70.00**) (application fee \$50.00 and pro-rated licensure fee \$20.00) payable to the Iowa Board of Veterinary Medicine. No refunds.
  - **Please submit check or money order payable to the Iowa Board of Veterinary Medicine**
  - **Fees must accompany submitted application**
- Copy of professional diploma or official transcript (DVM degree conferred) verifying graduation from an AVMA Accredited Veterinary College or AVMA-Listed Veterinary Colleges of the World
  - The official transcript must be sent directly from the college for it to be considered official
- Certified ECFVG Certificate or PAVE Certificate (if applicable)
  - Must be directly from the American Veterinary Medical Association or American Association of Veterinary State Boards
- Verification of good standing of the respective specialty board or college recognized by the AVMA
- Official transfer of NAVLE, NBE, CCT scores from AAVSB ([www.aavsb.org](http://www.aavsb.org)) (**if scores have not already been sent to the Iowa Board of Veterinary Medicine**)

The application and fees 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, IA 50319.

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

Application for Specialized Limited License to Practice Veterinary Medicine in Iowa

**Please type or print legibly**

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First Name                                      Middle Name                                      Last Name

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Street Address                                      City                                      State                                      Zip Code

Are you Active Military Personnel?    Yes                                      No

**Education**

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

**LICENSED IN OTHER STATES** (You must provide verification of good standing from each state in which you hold or have held a veterinary license)

List below all state(s) and the date(s) in which you hold or have held a veterinary license:

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Have you ever been convicted of a felony? If so, provide details (use additional paper if necessary).

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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 a certificate to practice veterinary medicine has been denied to me except as follows:

State(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Reason:

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Employment (provide information where currently employed)

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I certify and state that, prior to the date of this application, I have not illegally practiced veterinary medicine in Iowa. I agree, should a certificate be granted to 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
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. Signed and most recently filed copy of the Individual Federal Tax Return.
  - b. If you are married and filed separately, you will need to submit the Federal Tax Return for both your spouse and yourself. (Signed and most recently filed copy).
  - c. 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. (Signed and most recently filed copy).
  - d. Or other that you wish to include

\_\_\_\_\_  
**Signature**

**Date**

Please upload/attach requisite documents.