## STATE OF IOWA Verification of Licensure/Registration

**Applicant:** Complete the top portion of this form and submit to each regulatory agency that has issued you a license/registration for which you are seeking licensure/registration by verification in Iowa.

Applicant's Name (Print Legibly):
I ADDIICANTS NAME (PHILLESIDIV).

Applicant's Date of Birth (Month/Day/Year): \_\_\_\_\_

**Verifying Regulatory Agency:** Complete and return the form directly to the Iowa Board of Veterinary Medicine. In lieu of completing this form, the requested information may be provided on the agency's official letterhead. Any processing fees are the applicant's responsibility.

It is hereby certified that

(Name of Applicant)		
Was issued license/registrat	tion/certification number	
	(License Number Issued)	
On (Issue Date)	By: (Issuing State Agency)	
expiration date of incense/re	egistration/certification number	
1. Has this applicant ever be	een disciplined by a licensing authority in your state?	
2. Are there any pending co	mplaints against this applicant's license?	
3. Has the applicant ever rel	linquished their license or had their license revoked?	
4. Does your state require n	ninimum educational requirements for licensure?	⊖ YES ⊖ NO
If yes: Did this applicant	t meet those requirements upon application for licensure in your state?	
5. Does your state require n	ninimum work experience/clinical supervision for licensure?	
<i>If yes:</i> Did this applicant	t meet those requirements upon application for licensure in your state?	
6. Required examination for	r licensure in your state, if applicable:	·
<i>If required:</i> Did applicar	nt pass this exam upon application for licensure in your state?	$\bigcirc$ YES $\bigcirc$ NO
Institutional Seal	Completed by the Regulatory Agency that issued the license:	
Institutional Seal	Print Name:	
	Signature:	
	Title:	
( <u>If your institution does not have</u> official seal, this form must be		
notarized.)	Fax: E-mail:	

## State of Iowa Additional Qualifying Information

**Applicant:** To qualify for licensure by verification in Iowa, you must provide the following information and include it with your application. Provide responses on additional sheets if necessary.

1. State of Primary Licensure. To qualify for reciprocity, Iowa law requires you to designate one state in which you currently hold a license to service as your state of primary licensure. Below, identify which state you will be using to fulfill this requirement and provide the additional information requested.

State of Primary Licensure	License No.	Issuing Agency	
Describe the nature and scope of	your practice in this state:		

2. All prior jurisdictions of licensure. List *all* other states in the United States in which you have ever been licensed to practice this profession, and indicate the license status (active, inactive, surrendered, revoked, etc.).

State	License Status

State	License Status

Instructions: Complete the application and include the following:

- Application fee of \$50.00 for Veterinarian
- Application fee of \$45.00 for Veterinary Technician
  - We currently do not accept online payments. Please submit check or money order payable to the Iowa Board of Veterinary Medicine
  - Fees must accompany submitted application

Applicant Name (Print):						
Address:						
Street Address	Unit/Apt.	City	State/Zip Code			
Email address:		Phone Number:				
Applicant Signature:		Date (MM/DD/YYYY):				

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. :

- 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 <u>household</u>. Once this is determined, reference the <u>Federal Poverty Level</u> 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.