



**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 License by Endorsement to Practice Veterinary Medicine**

As listed in Iowa Code 811-6.5(169). A license by endorsement may be granted by the board pursuant to either Iowa Code section 169.10(1) or 169.10(2). An applicant shall make application for a license by endorsement on a form provided by the board. The application fee and triennial license fee shall accompany the application. In addition to the information specified in Iowa Code section 169.10, the applicant shall supply all of the following:

INSTRUCTIONS: Complete this application and include the following:

- Completed application and fees (**one check \$110.00**) (application fee \$50.00 and licensure fee \$60.00) payable to the Iowa Board of Veterinary Medicine. No refunds. **Fees must accompany submitted application**
- Has graduated from an accredited college of veterinary medicine or has received a certificate from the educational commission for foreign veterinary graduates at least five years prior to application. Provide a copy of the applicant's professional college certificate or official transcript from the professional college with degree and date conferred.
- Has not previously failed and not subsequently passed a veterinary licensing examination in this state.
- Holds a current license to practice veterinary medicine in another state or United States territory or province of Canada and is not subject to license investigation, suspension, or revocation in any state, United States territory, or province of Canada.
- A statement indicating all jurisdictions in which the licensee is or has ever been licensed to practice veterinary medicine. The applicant shall provide information and shall consent to the release of information to the board from jurisdictions in which the applicant is or has ever been licensed.
- Evidence of approved continuing education totaling at least 60 hours obtained within the last three licensing years. New graduates and applicants within one year after graduation are exempt from continuing education requirements for initial licensing. Applicants who apply more than one year but less than two years after the date of graduation must complete at least 20 hours of approved continuing education. Applicants who apply more than two years but less than three years after the date of graduation must have completed at least 40 hours of approved continuing education. As used in this paragraph, "date of graduation" also includes the date of PAVE or ECFVG certification. Foreign graduates licensed by PAVE or ECFVG certification are exempt from the continuing education requirement for one year from the date of certification by PAVE or ECFVG.
- I affirm and certify that I have actively practiced for at least two thousand hours during the five years preceding this application.

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

Mail application and fees to the Iowa Board of Veterinary Medicine, Wallace State Office Building, 502 E. 9<sup>th</sup> Street, Des Moines, Iowa 50319

**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**

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

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).

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:

Employment (provide information where currently employed)

Employment table actively practicing veterinary medicine for five years prior to making application for an Iowa veterinary license

Employer Name, City, State	Job Title	Job Duties	Start and End Dates of Employment

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**

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

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Phone number \_\_\_\_\_ Social Security Number \_\_\_\_\_

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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 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:

2) Most recently filed and signed copy of the Individual Federal Tax Return.

3) If you are married and filed separately, you will need to submit the Federal Tax Return for both your spouse and yourself. (Most recently filed and signed copy).

4) 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. (Most recently filed and signed copy).

5) Or other that you wish to include.

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**Signature**

**Date**

Please upload/attach requisite documents.