



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

Application for Limited License for Faculty to Practice Veterinary Medicine in Iowa

As listed in Iowa Code 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 Code Section 169 Rule 811-6.6(4), faculty (not including residents or interns) at Iowa State University College of Veterinary Medicine may be issued a limited license to practice veterinary medicine. Holders of limited licenses for faculty are limited to duties performed on the college premises during periods of employment at the college.

The applicant for a limited license for faculty shall have either:

- Graduated from an AVMA-accredited or AVMA-listed school of veterinary medicine OR
- Received a PAVE or ECFVG certificate

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.
 - **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

The application and fees must be sent to the following address: Iowa Board of Veterinary Medicine, Wallace State Office Building, 502 E 9th 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.

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Please type or print legibly

First Name Middle Name Last Name

Street Address City State Zip Code

Are you Active Military Personnel? Yes No

Education

Name and Location of Institute	Attended From – To:	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:

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)

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:
 - 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.

Signature

Date

Please upload/attach requisite documents.