



Iowa Board of Veterinary Medicine

Hoover State Office Building
1305 E Walnut Street
Des Moines, IA 50319
515-281-8617

**Application for Endorsement by Board Specialty License
to Practice Veterinary Medicine**

As listed in Iowa Code 811-6.5(3(169)). An applicant who is a diplomate under Iowa Code section 169.10(2) shall also include a copy of the applicant's board or college specialty certificate. For the purpose of this rule, a specialty board or college means a specialty board or college which has been officially recognized by the AVMA. Changes of specialty status shall be reported to the board within 30 days of the action.

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**
- 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.
- A copy of the applicant's board or college specialty certificate and a statement of verification of active certification by the Special Board.
- 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.

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, Hoover Building, 1305 E. Walnut St., Des Moines, Iowa 50319

Please type or print legibly

First Name	Middle Name	Last Name
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Street Address	City	State	Zip Code
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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:

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

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.

Signature

Date

Please upload/attach requisite documents.