



**Iowa Board of Veterinary Medicine**

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

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**Application for Temporary In-State Practice Permit to Practice Veterinary Medicine**

Iowa Administrative Rules 811-9.1(2)(169), A temporary in-state practice permit may be issued upon application to a qualified applicant who does not also seek an Iowa license. The temporary permit shall be issued for a period of no more than 180 days, and no more than one permit shall be issued to a person during each calendar year. The temporary in-state practice permit allows the permit holder to act as a licensed veterinarian in this state. A person may not obtain more than three temporary permits.

INSTRUCTIONS: Complete this application and include the following:

- Completed application and fees (**one check \$50.00**) (application fee \$15.00 and licensure fee \$35.00) payable to the Iowa Board of Veterinary Medicine. No refunds.
  - **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 come from the American Veterinary Medical Association or American Association of Veterinary State Boards
- Verification of Licensure of good standing if licensed in another jurisdiction before licensing in Iowa
- 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**)
- Evidence of approved continuing education totaling at least 60 hours obtained in the previous three years. Attached the completed continuing education record form with the 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.

### **Application for Temporary In-State Practice Permit to Practice Veterinary Medicine**

Make check payable to the Iowa Board of Veterinary Medicine in the amount of \$50 - No Refunds. 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**

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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>

**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:

\_\_\_\_\_

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:
  - a. Most recently filed and signed 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. (Most recently filed and signed 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. (Most recently filed and signed copy).
  - d. Or other that you wish to include.

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**Signature**

Please upload/attach requisite documents.