

STATE OF IOWA

Verification of Licensure/Registration - Other Jurisdiction

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): _____

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

Verifying Regulatory Agency: Complete and return the form directly to the Iowa Board of Veterinary Medicine, Wallace State Office Building, 502 E. 9th St., Des Moines, Iowa 50319. 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/registration/certification number _____
(License Number Issued)

On _____ By: _____
(Issue Date) (Issuing State Agency)

Expiration date of license/registration/certification number _____
(Expiration Date)

1. Has this applicant ever been disciplined by a licensing authority in your state? ☐ YES ☐ NO

2. Are there any pending complaints against this applicant's license? ☐ YES ☐ NO

3. Has the applicant ever relinquished their license or had their license revoked? ☐ YES ☐ NO

4. Does your state require minimum educational requirements for licensure? ☐ YES ☐ NO

If yes: Did this applicant meet those requirements upon application for licensure in your state? ☐ YES ☐ NO

5. Does your state require minimum work experience/clinical supervision for licensure? ☐ YES ☐ NO

If yes: Did this applicant meet those requirements upon application for licensure in your state? ☐ YES ☐ NO

6. Required examination for licensure in your state, if applicable: _____.

If required: Did applicant pass this exam upon application for licensure in your state? ☐ YES ☐ NO

Institutional Seal

(If your institution does not have an
official seal, this form must be
notarized.)

Completed by the Regulatory Agency that issued the license:

Print Name: _____

Signature: _____

Title: _____

Date (month/day/year): _____ Phone: _____

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. **Prior Address.** Provide the address that you claimed as your primary residence immediately prior to claiming Iowa as your primary residence:

Street

City

State/Province

Zip

Country

2. **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: _____

3. **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.).

Instructions: Complete the application and include the following:

- **Application fee of \$50.00 for Veterinarian and licensure fee of \$60.00**
- **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): _____

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. :

- 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.
 - 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.
 - d. *Or other that you wish to include*

Signature

Please upload/attach requisite documents.