



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

**Application for Temporary Educational Permit for Internship or Residency Training**  
**Iowa State University College of Veterinary Medicine**

As stated in Iowa Administrative Rules Rule 811-9.1(1) Temporary educational permit. For the purpose of this subrule, “qualified applicant” means a person who is undertaking internship or residency training at Iowa State University College of Veterinary Medicine. A temporary educational permit may be issued upon application to a qualified applicant who does not also seek an Iowa veterinary license. A temporary educational permit allows the permit holder to act as a licensed veterinarian, including for privately owned animals, but only within the scope of the permit holder’s internship or residency program at Iowa State University College of Veterinary Medicine. Verification of internship or residency shall consist of an endorsement signed by the dean of the school and submitted directly to the board by the school. A temporary educational permit expires upon termination of the permit holder’s internship or residency program, as reported by the dean of the school of veterinary medicine. An initial temporary educational permit may be issued by the board for a term of up to two years. An initial temporary educational permit may be renewed by the board for a term of up to one year. No more than two renewals will be granted to the same person.

Temporary Permit Fee: \$35

Temporary Permit Application Fee: \$15

Make check payable to the Iowa Board of Veterinary Medicine in the amount of \$50. 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<br><u>From</u> <u>To</u> |
|--------------------------------|-----------------------------------|
|                                |                                   |
|                                |                                   |

Please check the training program in which you are enrolled. Internship      Residency

Beginning Date of Term \_\_\_\_\_ Ending Date of Term \_\_\_\_\_

**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 of Intern or Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Email address**

\_\_\_\_\_  
**Signature of Veterinary College Official**

\_\_\_\_\_  
**Date**

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.