

**STATE OF IOWA  
IOWA BOARD OF VETERINARY MEDICINE  
WALLACE STATE OFFICE BUILDING  
502 E. 9<sup>th</sup> street  
DES MOINES, IOWA 50319  
(515) 281-8617**

**APPLICATION FOR REINSTATEMENT TO  
PRACTICE VETERINARY MEDICINE**

LICENSE NO.: \_\_\_\_\_ TIME LAPSED OR INACTIVE: \_\_\_\_\_ SS#: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print in Full)

ADDRESS: \_\_\_\_\_  
(Street, P.O. Box, Etc.)

\_\_\_\_\_  
(Town, State & Zip Code)

169.16 Reinstatement. A person whose license is suspended or revoked may be relicensed or reinstated at any time by a vote of five members of the board after written application made to the board showing cause justifying relicensing or reinstatement. Examination of the applicant may be waived by the board.

811—10.11(17A,169,272C) Application for reinstatement. A person whose credential has been suspended, revoked, or voluntarily surrendered may apply to the board for reinstatement in accordance with the terms and conditions of the order. 10.11(1) If the credential was voluntarily surrendered, or if the order for suspension or revocation did not establish terms and conditions for reinstatement, an initial application may not be made until one year has elapsed from the date of the order. 10.11(2) The application shall allege facts and circumstances which will enable the board to determine that the basis for the sanction or voluntary surrender no longer exists, and that it is in the public interest to reinstate the credential. The burden of proof to establish these facts shall rest with the petitioner. 10.11(3) The hearing in an application for reinstatement is a contested case within the meaning of Iowa Code section 17A.12. 10.11(4) The order to grant or deny reinstatement shall incorporate findings of fact and conclusions of law. If reinstatement is granted, terms and conditions for reinstating the credential may be imposed.

**11.3(3)** Furnish evidence of completion of a total number of hours of accredited continuing education computed by multiplying 20 by the number of years of inactive status, or 60 hours of accredited continuing education, whichever is less.

<b>Triennial License Fee</b>	<b>\$ .00</b>
<b>Reactivation Fee</b>	<b>\$100.00</b>
<b>Late Renewal Fee</b>	<b>\$100.00</b>

(Make check payable to: Iowa Board of Veterinary Medicine.) and **Continuing Education hrs. 60**

**I further state I have never had my license to practice veterinary medicine revoked or suspended, that no application either for admission to an examination or for a certificate to practice veterinary medicine has been denied me except as follows:**

\_\_\_\_\_ **Reason:** \_\_\_\_\_  
State and Date

\_\_\_\_\_

**I certify and state that prior to the date of this application I have not practiced veterinary medicine in Iowa illegally. I agree, should a certificate be granted 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.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

E-Mail Address

PLEASE COMPLETE THE BELOW FORM  
(Print or type all information)

Name of Clinic where employed \_\_\_\_\_

Street, City, State & Zip Code of clinic \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Telephone Number \_\_\_\_\_

Clinic Fax \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_