Fields of Opportunities

STATE OF IOWA

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

IOWA BOARD OF MEDICINE

Dear Applicant:

The Iowa Board of Medicine is pleased you have chosen to apply for licensure in Iowa. The physician licensure application is a two-part application – the Uniform Application for Physician State Licensure (UA) and the State Specific Addendum. This application is used by individuals who are applying for a permanent, administrative medicine, resident, special, or temporary license. This application is also used for reinstatement of a permanent Iowa medical license or administrative medicine license that has been inactive for more than 12 months.

Please take the time to thoroughly read the instructions and provide accurate information on the application. This will greatly assist in the processing of your application for licensure. Both parts of the application (UA and State Specific Addendum) must be completed by the physician seeking licensure, not a third party. Failure to submit all required information and documentation truthfully, accurately, and completely will result in processing delays and possible disciplinary action.

Uniform Application for Physician State Licensure (UA) – Application Part 1

The Iowa Board of Medicine uses an online application system called the "Uniform Application for Physician State Licensure" or "UA" as part of its licensure application. The UA benefits physicians by reducing redundancy in filling out applications when applying for licensure in multiple states, thus increasing portability. Physicians will be able to apply to more than one state by filling out the UA once, then directing it to additional states. This will leave only the addendums of the application to be completed for your Iowa application.

State Specific Addendum – Application Part 2

The board's Application Addendum collects state specific information that is not gathered on the UA. The board's Application Addendum is accessed through the board's Online Services webpage. Go to http://www.medicalboard.iowa.gov and select "Online Services." If you are not a registered user, you will need to register prior to completing the Application Addendum. Once registered, go to "Licensing," read the Physician Application Guide instructions, click on "Apply for License," and select the license type for which you are applying.

The Federation Credentials Verification Service (FCVS)

The Board accepts but does not require the use of FCVS for credential verification as part of the licensure process. FCVS verifies primary source documents related to your identity, medical education, ACGME or AOA accredited postgraduate training, exam history, board action and disciplinary history. During the verification process, FCVS creates a personalized profile that eliminates the need for re-verification of items that never change. The FCVS profile can be updated as needed throughout a physician's career, resulting in a shortened credentialing process when applying to more than one state board.

FCVS is completed separately from the UA. To work on the FCVS application, select FCVS from the Licensure menu or Sign In menu at http://www.fsmb.org/fcvs/. For assistance, use the messaging tool within FCVS or call 888-275-3287 with your FCVS ID or Federation ID number.

Please note that applications for resident, special, temporary licensure and reinstatement of an inactive license do not require verifications of all of the core credentials that are contained in the FCVS profile. It is up to physicians to determine whether FCVS would be a valuable resource to them.

Completing the Online Uniform Application (UA) for Iowa Licensure (Application Part 1)

Please read the following information carefully before completing and submitting your application. You will be asked to account for all chronological time since medical school graduation, including your employment history. Additionally, you'll be asked to provide information for medical malpractice claims. We recommend having this information on hand before you begin working on your UA.

Carefully read and follow the online instructions at the top of each page and complete the UA as instructed. All sections of the application must be complete. Failure to submit all required information and documentation truthfully, accurately, and completely will result in processing delays and possible disciplinary action.

To begin work on the UA, go to http://www.fsmb.org/uniform-application/ and select Uniform Application from the Licensure menu or Sign In menu. First time UA users are required to pay a one-time service charge of $60. Your receipt will be available immediately after submitting your UA; you will receive a separate receipt via email.

If you have previously submitted a UA, select the Iowa Board in the State Board section to open the UA for editing. Submit your UA to the Iowa Board when you have finished updating your UA.

The UA Frequently Asked Questions (FAQs) at https://www.fsmb.org/uniform-application/ua-faq/ addresses the most common UA questions. If your question or issue isn't listed, contact UA customer service at 800-793-7939 or 817-868-5194 or email ua@fsmb.org. Provide your username and FCVS ID number, if applicable. If you receive an error, email a screenshot of the error, along with a description of what you were doing at the time, to ua@fsmb.org.

Some information **required for Iowa** differs from instruction provided within the UA. **Please note the following:**

- Personal Information –
  - Licenses are issued in your full legal name.
  - Middle name is required, whenever applicable. Do not enter an initial for your middle name, unless an initial is your legal middle name.
  - You must indicate your maiden name or any other names used, if applicable.
  - Address: Provide both your current physical home address (not PO Box) and current physican practice/training address (not PO Box) and corresponding telephone numbers. Do not enter the same address for both home and work. The Board Contact and Public Contact selections can be the same address.
  - E-mail: The e-mail addresses provided must be for you and not office or credentialing staff. The email must be regularly used by you for correspondence with the board and cannot be set up for licensing / credentialing use only.
  - Applicants do not need to provide a copy of their birth certificate or passport unless requested.
  - Applicants who have a U.S. Social Security Number must provide that information.*

    ** **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. Section 666(a)(13), Iowa Code Section 252J.8(1), 261.126(1)(2007), and 272D.8(1)(Supp.2008). The number will be used in connection with the collection of child support & student loan obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code Section 421.18.*

- State or Professional Licensure –
    - MD and DO licenses cannot be added or edited in the UA as all MD and DO license information comes directly into the system from the state boards. Email ua@fsmb.org with the correct information or if additional license information should be added to your UA.
    - Enter all other professional licenses (nurse, EMT, physician assistant, lawyer, teacher, etc.) you have held (active and inactive) in the U.S. or Canada. Request verification from the appropriate licensing authorities. Do not guess on the license number or original issue date of each license; verify the information with the licensing authority.
    - If you are applying for a special or temporary license and hold licenses in countries outside the U.S. or Canada, provide that information during the review process. Do not guess on the license number or original issue date of each license; verify the information with the licensing agency.

- Chronology – List all activities since medical school in chronological order, with no gaps in time. List all facilities where you worked. Indicate complete dates and addresses, even if you worked for a physician staffing group or locum tenens. Indicate percentage of clinical and administrative duties.

- Malpractice –
    - List all claims or suits for medical malpractice made against you, regardless of outcome.
    - If you have no malpractice claims, you may leave that section blank.
    - If you do have a claim or suit, complete all fields, including a description in the "specifics" section. Submitting a separate narrative in lieu of completing this section is not acceptable.
        - Provide a copy of the court documents related to all the suits/claims. If the status of a suit is:

          1) *Pending* – submit a copy of court's Complaint/Petition and a current letter from your attorney indicating the status of the case

          2) *Dismissed* – submit a copy of the court's Dismissal Order (if patient died, provide the court's Complaint/Petition, as well).

          3) *Settled* – submit a copy of court's Complaint/Petition, Final Disposition, and Settlement/Release.

In addition to completing the UA online, all applicants must:

- **Submit the Iowa Specific Affidavit and Authorization for Release of Information** - Submit the notarized Affidavit and Authorization for Release of Information form to the Board. Use the form that indicates 'Iowa Board of Medicine' at the top. The UA Affidavit is separate from the FCVS Affidavit and must be mailed to the Iowa Board, not to FCVS or FSMB. Attach a recent (fewer than 90 days old) two inch by two inch (2" x 2") passport quality, color photograph of yourself in the space provided. **The form must be signed and dated in the physical presence of a notary public.**

- **Complete State Specific Addendum – Application Part 2**. - Go to http://www.medicalboard.iowa.gov and select "Online Services." If you are not a registered user, you will need to register prior to completing the Application Addendum. Once registered, go to "Licensing," read the Physician Application Guide instructions, click on "Apply for License," and select the license type for which you are applying. Continue as directed.

- **Verify State Licenses and Certifications** - Every full, temporary, training, or limited healthcare or professional license (teacher, lawyer, physical therapist, etc.) or certification ever held in the U.S. or Canada must be verified by the granting board, whether the license, permit, or certification is active or inactive. Fees and verification method for each board can be determined by using the Licensure Verification Information Resource at https://www.fsmb.org/uniform-application/ua-faq/. **If the verifying board uses VeriDoc or another method you do not need to submit the UA Form.**

  If you are applying for a temporary or special license and have held a healthcare license or certification outside of the U.S. or Canada, you must submit the UA Licensure Verification Form to the licensing agency for completion.

If you **are** using FCVS for credentials verification,

- Do not complete the UA Medical School Verification, Postgraduate Training Verification, or Fifth Pathway Verification forms. Do not send transcripts, certificates, or examination scores to the Board, unless requested. FCVS handles all of this for you. You will still need to submit the Affidavit and Authorization for Release of Info (specific to the Iowa Board of Medicine) and License Verifications to this Board.
    - **All postgraduate training, including research and non-accredited fellowships must be verified. FCVS will not verify non-accredited training for you.**

If you **are not** using FCVS for credentials verification,

- **Name Change** - Send to the Board a copy of a legal name change document (marriage certificate, divorce decree, court order, citizenship or naturalization documents, etc.) if you have had a name change.

- **Examination Transcripts** - Contact each appropriate examination entity to have a certified transcript of your scores sent directly to the Board. If you have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), request your transcript of scores from the NBME. For exam entity contact information, see the UA FAQ at https://www.fsmb.org/uniform-application/ua-faq/
    - Resident license applicants do not need to provide an exam transcript

- **Medical School Verification** - Applicants applying for **a permanent, administrative medicine, or special license** must complete the top portion of the UA Medical School Verification Form (UA 2) as directed on the form, and submit the form for completion to all medical schools attended, even those from which you did not graduate. The completed form must be mailed to the board by the institution. Additionally, submit a copy of your diploma. Applicants do not need to provide an official transcript of their education as indicated in the instructions. **Note: Diplomas submitted in languages other than English must include an official and exact translation. Any processing fees are the applicant's responsibility.**
    - Resident license applicants entering their first residency do not need to complete this form unless requested by the board. Instead, send a copy of your diploma upon graduation.
    - The diploma does not need to be a sealed copy as indicated in the instructions.

- **Postgraduate Training Verification** – All applicants (except those seeking a temporary license) must complete the top portion of the UA Postgraduate Training Verification Form (UA 3) per the instructions on the form and submit the form for completion to all programs attended. The completed form must be signed and mailed to the board by each program director.
    - **Applicants applying for reinstatement of a permanent license or administrative medicine license only need to submit this form if they have participated in training since original licensure or were in a training program when the original license was issued.**
    - **Applicants applying for a special license must submit this form to verify all postgraduate training programs you have attended in the U.S. and Canada and outside the U.S. and Canada.**
    - **All postgraduate training, including research and non-accredited fellowships must be verified**
    - **Applicants do not need to provide a copy of their program completion certificate**

- **Fifth Pathway Verification (if applicable)** - Complete the UA Fifth Pathway Verification Form (if applicable) as directed on each form.

- **Educational Commission for Foreign Medical Graduates (ECFMG) -** If you are an International Medical School Graduate, request to have an ECFMG Certification Status report submitted directly to the Board by ECFMG. This can be requested at https://cvsonline2.ecfmg.org/.
    - Applicants for resident, special or temporary licensure must also submit a copy of your ECFMG certificate to the Board.

Application Process

Processing will not begin until both parts of the application are completed and submitted and the appropriate fee is received. Failure to submit all required information and documentation truthfully, accurately, and completely will result in processing delays and possible disciplinary action.

After the UA and State Specific Addendum are submitted, staff will review the application in date order as applications are received. Staff will notify the physician by e-mail after the application has been reviewed to inform them of any items that are needed in order to complete the application. The applicant will work with the reviewer to provide the necessary information to complete the application.

Once the application is complete it will receive a second review after which a license may be issued. In situations where the license cannot be issued administratively, the Licensure Committee of the Board will review the application to determine whether a license can be issued. The Licensure Committee of the Board meets every six to eight weeks.

For questions about the content that needs to be entered on the UA, eligibility requirements, or the application process, please contact the Iowa Board of Medicine at 515-281-6641.

Checklists

At the end of these instructions are checklists for each type of licensure application. Please use the checklist that pertains to the application type for which you are applying in order to ensure all required items are submitted.

Iowa Board of Medicine
6200 Park Ave, Suite 100 Des Moines, IA 50321
(515) 281-6641 www.medicalboard.iowa.gov

APPLICATION CHECKLIST FOR PERMANENT LICENSURE or ADMINISTRATIVE MEDICINE LICENSURE

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for permanent or administrative medicine licensure. The checklist indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and not using FCVS. FCVS is not an application and does not take the place of Uniform Application (UA) – Application Part 1, which is required. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	☐	☐
Completed Application Addendum – Application Part 2 through the Board's online services website at www.medicalboard.iowa.gov.	☐	☐
Affidavit and Authorization for Release of Information form mailed to the Board. *You must use the Affidavit and Authorization for Release of Information form that indicates 'Iowa Board of Medicine' at the top. Do not submit the generic Affidavit form which does not include the Board's name.*	☐	☐
License verification mailed to the Board from licensing authorities in the U.S. or Canada in which you have ever held any medical and/or other professional licenses, permits, certificates. Contact each board for information on their process and fees. Use License Verification Form only if needed.	☐	☐
Supporting documentation of any legal name change sent to the Board.	☐	☐
Copy of medical diploma sent to the Board.	☐	Completed via FCVS
Translation of medical diploma sent to the Board, if applicable.	☐	Completed via FCVS
Medical Education Verification Form mailed to the Board from all medical schools attended.	☐	Completed via FCVS
Postgraduate Training Verification Form mailed to the Board from all programs you attended in the U.S. or Canada.	☐	Completed via FCVS (only if accredited)
Official Examination Transcripts (USMLE, COMLEX, FLEX, NBME, SPEX, etc.) sent to the Board from exam entity.	☐	Completed via FCVS
ECFMG Certification Status Report (if applicable) sent to the Board directly from ECFMG.	☐	Completed via FCVS
Fifth Pathway Verification Form (if applicable) mailed to the Board from the medical school and institution.	☐	Completed via FCVS

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APPLICATION CHECKLIST FOR REINSTATEMENT OF PERMANENT or ADMINISTRATIVE MEDICINE LICENSE

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for reinstatement of permanent or administrative medicine licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. FCVS is not an application and does not take the place of Uniform Application (UA) – Application Part 1, which is required. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	☐	☐
Completed Application Addendum – Application Part 2 through the Board's online services website at www.medicalboard.iowa.gov.	☐	☐
Affidavit and Authorization for Release of Information form mailed to the Board. *You must use the Affidavit and Authorization for Release of Information form that indicates 'Iowa Board of Medicine' at the top. Do not submit the generic Affidavit form which does not include the Board's name.*	☐	☐
License verification sent to the Board from licensing authorities in the U.S. or Canada in which you have ever held any medical and/or other professional licenses, permits, certificates. Contact each board for information on their process and fees. Use License Verification Form only if needed.	☐	☐
Copies of CME certificates/transcripts that show 40 hours of category 1 CMEs that have been acquired within the past two years from the date of submitting this application. *Time spent in an approved post-graduate training program within the previous two years is equivalent to 50 hours of category 1 CME.* *Board certification or re-certification by an ABMS or AOA board within the previous two years is also equivalent to 50 hours of category 1 CME.*	☐	☐
Proof of completing the Mandatory Training for Identifying and Reporting Child & Dependent Adult Abuse within the past five years. Physicians who live in Iowa and/or practice in Iowa in the following specialties are required to have this training: emergency medicine, family practice, general practice, internal medicine, psychiatry, obstetrics, gynecology, or pediatrics. This is required regardless of whether the physician provides patient care.	☐	☐
Supporting documentation of any legal name change mailed to the Board.	☐	☐
Postgraduate Training Verification Form mailed to the Board from all programs you attended in the U.S. or Canada. Submit only if you have participated in training since original licensure or were in training when license was issued.	☐	Completed via FCVS (only if accredited)
ECFMG Certification Status Report (if applicable) sent to the Board directly from ECFMG.	☐	Completed via FCVS

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RESIDENT LICENSE APPLICATION CHECKLIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for resident licensure. The checklist indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and not using FCVS. FCVS is not an application and does not take the place of Uniform Application (UA) – Application Part 1, which is required. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	☐	☐
Completed Application Addendum – Application Part 2 through the Board's online services website at www.medicalboard.iowa.gov.	☐	☐
Affidavit and Authorization for Release of Information form mailed to the Board. *You must use the Affidavit and Authorization for Release of Information form that indicates 'Iowa Board of Medicine' at the top. Do not submit the generic Affidavit form which does not include the Board's name.*	☐	☐
License verification sent to the Board from licensing authorities in the U.S. or Canada in which you have ever held any medical and/or other professional licenses, permits, certificates. Contact each board for information on their process and fees. Use License Verification Form, only if needed.	☐	☐
Supporting documentation of any legal name change sent to the Board.	☐	☐
Postgraduate Training Program Certification form. Request this be submitted to the Board by the Iowa program into which you matched. **This form is required for all applicants applying for a resident license.*	☐	☐
Copy of medical diploma dated and received on or after your graduation date, sent to the Board. If your diploma will not be issued until after the start of your residency program, we will also accept the UA Medical or Osteopathic School Verification Form or a letter from the medical school, dated on or after your graduation date.	☐	Completed via FCVS
Postgraduate Training Verification Form mailed to the Board from all programs you attended in the U.S. or Canada, if applicable. **This form is not to be completed by the program you are entering - ask your program to submit the Postgraduate Training Program Certification form.*	☐	Completed via FCVS (only if accredited)
Copy of ECFMG Certificate (if applicable) sent to the Board.	☐	Completed via FCVS
ECFMG Certification Status Report (if applicable) sent to the Board.	☐	Completed via FCVS

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SPECIAL LICENSE APPLICATION CHECKLIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for special licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. FCVS is not an application and does not take the place of Uniform Application (UA) – Application Part 1, which is required. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	☐	☐
Completed Application Addendum – Application Part 2 through the Board's online services website at www.medicalboard.iowa.gov.	☐	☐
Affidavit and Authorization for Release of Information form mailed to the Board. *You must use the Affidavit and Authorization for Releose of Information form that indicates 'Iowa Board of Medicine' at the top. Do not submit the generic Affidavit form which does not include the Board's name.*	☐	☐
License verification sent to the Board from licensing authorities in the U.S. or Canada in which you have ever held any medical and/or other professional licenses, permits, certificates. Contact each board for information on their process and fees. Use License Verification Form, only if needed.	☐	☐
State Licensure Verification Form sent to the Board from all countries in which you have ever held any medical and/or other professional licenses outside of the U.S. or Canada.	☐	☐
Copy of any medical license you hold sent to the Board.	☐	☐
Copy of all specialty board certificates (if applicable) sent to the Board.	☐	☐
Fluency in English language demonstrated by having either a valid ECFMG certificate or a passing score on the TSE or TOEFL.	☐	☐
Two (2) letters of recommendation from universities/educational institutions that indicate your noteworthy professional attainment.	☐	☐
A letter from the Dean of the medical school to which you have been invited to serve on the academic staff.	☐	☐
Supporting documentation of any legal name change sent to the Board.	☐	☐
Copy of medical diploma and translation, if applicable, sent to the Board.	☐	Completed via FCVS
Medical Education Verification Form mailed to the Board from all medical schools attended.	☐	Completed via FCVS
Medical school transcripts sent to the Board by your medical school(s).	☐	Completed via FCVS
Postgraduate Training Verification Form mailed to the Board from all programs you attended in the U.S. or Canada.	☐	Completed via FCVS (only if accredited)
Postgraduate Training Verification Form mailed to the Board to verify all postgraduate training programs you have attended **outside** of the U.S. or Canada.	☐	☐
Fifth Pathway Verification Form (if applicable) mailed to the Board from the medical school and institution. Include a copy of your diploma (must be sealed by your school).	☐	Completed via FCVS
Official Examination Transcripts (USMLE, COMLEX, FLEX, NBME, SPEX, etc.) sent to the Board from exam entity.	☐	Completed via FCVS
Copy of ECFMG Certificate (if applicable) sent to the Board.	☐	Completed via FCVS
ECFMG Certification Status Report (if applicable) sent to the Board.	☐	Completed via FCVS

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TEMPORARY LICENSE APPLICATION CHECKLIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for temporary licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. FCVS is not an application and does not take the place of Uniform Application (UA) – Application Part 1, which is required. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	☐	☐
Completed Application Addendum – Application Part 2 through the Board's online services website at www.medicalboard.iowa.gov.	☐	☐
Affidavit and Authorization for Release of Information form mailed to the Board. *You must use the Affidavit and Authorization for Release of Information form that indicates 'Iowa Board of Medicine' at the top. Do not submit the generic Affidavit form which does not include the Board's name.*	☐	☐
State Licensure Verification Form sent to the Board from all countries in which you have ever held any medical and/or other professional licenses outside the U.S. or Canada.	☐	☐
Copy of any medical license you hold sent to the Board.	☐	☐
Request a letter from the organization/individual seeking your service that explains the need for your participation in the board-approved activity, the time period involved, scope of practice, the exact location/facilities of the activity, and who the immediate supervisor will be.	☐	☐
Fluency in English language demonstrated by having either a valid ECFMG certificate or a passing score on the TSE or TOEFL. This would only apply if you are an international medical graduate who does not have a U.S. or Canadian medical license.	☐	☐
Statement justifying need for license sent to the Board	☐	☐
Supporting documentation of any legal name change sent to the Board.	☐	☐
Copy of medical diploma sent to the Board.	☐	Completed via FCVS

UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Affidavit and Authorization for Release of Information – Iowa Board of Medicine

Applicant: must sign this form in the physical presence of a notary public with an attached passport-quality color photo**.** If you are using FCVS for credentials verification, consider having that form notarized all at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

Mail this form to the Iowa Board of Medicine. Include all other required materials.
A directory of state medical and osteopathic boards is available at https://www.fsmb.org/contact-a-state-medical-board/.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in the application for licensure in Iowa, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and the State Specific Addendum and I have personally answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand I am responsible for completing my own application for licensure in Iowa. My failure to complete my own application, failure to answer questions contained in the application truthfully and completely, or failure to sign this document in the physical presence of a notary may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

Applicant Photograph

Securely tape or glue a recent (per the board's instructions) front-view 2" x 2" passport-quality color photo of yourself in this square.

_____

Applicant's signature (must be signed in the physical presence of a notary. Notarization via webcam or any other method is not allowed.)

_____

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

_____

Date of signature (must correspond to date of notarization)

NOTARY

Please note: The Notary Public seal should overlap the bottom of the photo to the left.

State of_____, County of_____,

I certify that on the date set forth below, the individual named above did appear physically before me and that I did identify this applicant by: (a) comparing his/her appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this ___ day of _____,20_____

Notary Public Signature_____My Notary Commission Expires _____

UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Licensure Verification Form (Form #1)

Applicant: Most boards require verification of each professional license ever held. Refer to the licensure verification resource at https://www.fsmb.org/uniform-application/to determine fees and preferred verification method(s) for each state medical and osteopathic verifying board. You may use this form for each board that requires a written request for verification. In Section 1, list the board you are applying to for licensure, using the directory at https://www.fsmb.org/contact-a-state-medical-board/ to ensure you list the correct name and address. Mail this completed form and any required fee to the verifying board.

Verifying Board: Unless using electronic verification, complete Section 2 below and mail this form to the board at the address listed in Section 1. Use an additional sheet of paper if needed for explanation(s).

Section 1: Applicant Information

First name _____ Last name _____ Practitioner Type ☐ MD ☐ DO ☐ ____

Middle name _____ Suffix _____ SSN* _____ Birth date (mm/dd/yyyy) _____

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Authorization for Verifying Board: I am applying for a license to practice medicine. The board that I am applying to for licensure requires that this form or an otherwise accepted method of verification be completed by all boards through which I hold or have held licenses, whether now current or not. I authorize the licensing agency of the state/province of _____ to provide any and all information pertaining to my license number _____ to the board at the address listed below.

Board name	Iowa Board of Medicine
Mailing address	6200 Park Ave, Suite 100
City/State/Zip	Des Moines, IA 50321

Applicant signature _____ Date_____

Section 2: Board Verification of Licensure

Name of issuing board or license entity _____

Name of licensee (last, first, middle, suffix) _____

License type _____ License number _____ Issue date _____ Expiration date _____

1. Is this license current? If not current, please explain: ☐ Yes ☐ No

2. Have formal disciplinary proceedings been initiated against this applicant's license by a disciplinary authority in your state? If yes, please explain on a separate sheet of paper and attach it to this form. ☐ Yes ☐ No ☐ Cannot answer under state law

3. Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand, or in any other manner disciplined, or has the applicant's license ever been revoked, suspended, or, in any other manner, limited by a licensing or disciplinary authority in your state? If yes, please explain on a separate sheet of paper and attach it to this form. ☐ Yes ☐ No ☐ Cannot answer under state law

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature _____

Print name _____

AFFIX INSTITUTIONAL SEAL HERE

Title _____ Date _____

(If no seal is available, this form must be notarized.)

Phone number _____ Fax number _____

Email _____

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.

UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Medical or Osteopathic School Verification Form (Form #2)

Applicant: DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form and a copy of your medical school diploma to the current dean of your medical or osteopathic school. Copy this form for multiple schools.

Dean or Designated Official: Complete Section 2 of this two-page form and certify the enclosed copy of the diploma by placing your school seal on it. Mail the sealed diploma, an official copy of the physician's transcripts, this completed form, and any other documentation needed to the board at the address listed in Section 1. If transcripts are not in English, an original, certified, and official English translation is required.

Section 1: Applicant Information

First name _____ Last name _____ Practitioner Type ☐ MD ☐ DO ☐ ____

Middle name _____ Suffix _____ SSN* _____ Birth date (mm/dd/yyyy) _____

Name if different when diploma awarded: _____

Name of school _____

**The social security number is to be used for purposes of identification only and may not be used or any other reason.*

Waiver for Release of Information: I am applying for a license to practice medicine. I authorize the medical/osteopathic school listed above to provide any and all information pertaining to my medical/osteopathic education at that institution to the board at the address listed below. I request that the dean or a designated official complete Section 2 of this form and seal the copy of my diploma (attached) as described in the instructions above, then mail this completed form, the sealed diploma copy, and a copy of my official transcripts to the board listed below at the given address:

Board name	Iowa Board of Medicine
Mailing address	6200 Park Ave, Suite 100
City/State/Zip	Des Moines, IA 50321

Applicant signature _____ Date _____

Section 2: Medical or Osteopathic School Verification

School name _____

Complete address w/country _____

School name if different when applicant attended _____

Hours of undergraduate education required for admission _____ Total weeks of education applicant attended _____

Attendance (mm/yyyy) from _____ to _____ Graduation date _____ Degree awarded _____

Unusual Circumstances

The following questions apply to unusual circumstances that occurred during any part of the individual's medical or osteopathic education. Check the appropriate responses and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation attached to this form.

1. Do the official records for this individual reflect interruptions or extensions in his/her medical/osteopathic education? **If yes,** indicate the reasons for each interruption or extension, the dates of each interruption or extension, and whether each interruption or extension was approved or unapproved. Yes ☐ No ☐

☐ Personal or family	From _____ to	☐ Approved	☐ Unapproved
☐ Academic remediation	From _____ to	☐ Approved	☐ Unapproved
☐ Health	From _____ to	☐ Approved	☐ Unapproved
☐ Financial	From _____ to	☐ Approved	☐ Unapproved
☐ Participation in a joint degree program	From _____ to	☐ Approved	☐ Unapproved
☐ Participation in a non-research special study (e.g., fellowship, intl. experience)	From _____ to _____	☐ Approved	☐ Unapproved
☐ Other _____	From _____ to _____	☐ Approved	☐ Unapproved

2. Do the official records for this individual reflect that he/she was ever placed on academic or disciplinary probation during his/her medical/osteopathic education? **If yes,** indicate below the reasons for each time of probation and the dates of placement on and removal from probation. Also attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

☐ Academic	From _____ to	☐ Documentation attached
☐ Unprofessional conduct	From _____ to	☐ Documentation attached
☐ Behavioral reasons	From _____ to	☐ Documentation attached
☐ Other _____	From _____ to _____	☐ Documentation attached

3. Do the official records for this individual reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

4. Do the official records for this individual reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical/osteopathic school or parent university? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

5. Do the official records for this individual reflect that there were ever any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? **If yes,** explain below and/or attach documentation or information of each circumstance and outcome. Yes ☐ No ☐

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature _____

Print name _____

AFFIX INSTITUTIONAL SEAL HERE

(If no seal is available, this form must be notarized.)

Title _____ Date _____

Phone number _____ Fax number _____

Email _____

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.

UA UNIFORM APPLICATION FOR LICENSURE

Postgraduate Training Verification Form (Form #3)

Institution Name: ____________________

Institution Address: ____________________

____

Affiliated School: ____________________

Applicant: Do not complete this form for verification of accredited training if you are using FCVS. FCVS does not verify non-accredited training. When using FCVS, use this form only if your licensing board requires verification of non-accredited training.

Program Director or designated Official: Please complete Section 2, and mail this form and any other items to the designated state medical board at the address listed in Section 1. Thank you.

Section 1: To be completed by the Applicant.

Name: ____________________ **Suffix** ______ **Practitioner type: M.D.** ☐ **D.O.** ☐

Date of birth: __________ **(mm/dd/yyyy)** **SSN*** ____________________

*The social security number is to be used for purposes of identification only and may not be used for any other reason.

Name if different when diploma awarded: ____________________

Board Information: To be completed by the applicant.

Waiver for Release of Information: I request that the program director or a designated official complete Section 2 of this form as outlined below. I authorize the postgraduate training program listed above to provide any all information pertaining to my training there to the board listed below:

Board Name: Iowa Board of Medicine

Mailing address: 6200 Park Ave, Suite 100. Des Moines, IA 50321

Applicant Please Sign Here →

Applicant Signature ____________________ **Date** __________

Section 2 : Program Participation :

Important:

Report Incomplete Training Levels (years) separate from those that were successfully completed.

If the training level (year) is currently in progress report the expected completion date in the "To" field.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

Report Internships, Residencies and Fellowships separately.

Training Level: ______ (e.g., 1, 2, 3, etc.)

☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty / Subspecialty : ____________________

From: __/__/____ **To:** __/__/____

Successfully Completed?: ☐ Yes ☐ No ☐ In Progress

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: ______ (e.g., 1, 2, 3, etc.)

☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty / Subspecialty : ____________________

From: __/__/____ **To:** __/__/____

Successfully Completed?: ☐ Yes ☐ No ☐ In Progress

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: ______ (e.g., 1, 2, 3, etc.)

☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty / Subspecialty : ____________________

From: __/__/____ **To:** __/__/____

Successfully Completed?: ☐ Yes ☐ No ☐ In Progress

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Unusual Circumstances:

Check the appropriate responses and explain any "Yes" or omitted response(s) on a separate sheet of paper.
Attach pages as needed.

1. Did this individual ever take a leave of absence or break from his/her training? ---------------- ☐ Yes ☐ No
2. Was this individual ever placed on probation? ---------------- ☐ Yes ☐ No
3. Was this individual ever disciplined or placed under investigation? ---------------- ☐ Yes ☐ No
4. Were any negative reports for behavioral reasons ever filed by instructors? ---------------- ☐ Yes ☐ No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? ---------------- ☐ Yes ☐ No

Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized.

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form. This section MUST be signed by the program director (M.D. or D.O. only). **(Signature by personnel other than an M.D. or D.O. must attach an authorization letter. Applicable only for Nevada State Board of Medical Examiners.)**

Signature: ____________________

Print name: ____________________

Title: ____________________

Email address: ____________________

Phone Number: ____________________ **Date:** __________

UA UNIFORM APPLICATION FOR LICENSURE

For State Board Use Only

Fifth Pathway Verification Form (Form #4)

Applicant: DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form to your Fifth Pathway program director.

Program Director or Designated Official: Complete Section 2 of this form. Mail this completed form and any other documentation (if applicable) to the board at the address listed in Section 1.

Section 1: Applicant Information

First name _____ Last name _____ Practitioner Type ☐ MD ☐ DO ☐ ____

Middle name _____ Suffix _____ SSN* _____ Birth date (mm/dd/yyyy) _____

Name if different when diploma was awarded: _____

Name of medical school _____

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Waiver for Release of Information: I request that the program director or a designated official complete Section 2 of this form as outlined above. I authorize the designated official to provide any and all information pertaining to my time there to the board listed below:

Board name	Iowa Board of Medicine
Mailing address	6200 Park Ave, Suite 100
City/State/Zip	Des Moines, IA 50309

Applicant signature _____ Date _____

Section 2: Fifth Pathway Verification

Institution name _____ Affiliated school _____

Institution name if different when applicant attended _____

Institution address w/country _____

Type of Clinical Rotation	From	To	Weeks Credit

Completed?

☐ Yes. Attendance was from _____ to _____. Completion date was _____.

☐ No. Withdrawal* date was _____. **If the applicant withdrew or was dismissed, please explain below.*

☐ No. Dismissal* date was _____. **If the applicant withdrew or was dismissed, please explain below*

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature _____

Print name _____

AFFIX INSTITUTIONAL SEAL HERE

Title _____ Date _____

(If no seal is available, this form must be notarized.)

Phone number _____ Fax number _____

Email _____

Please mail this completed form and any other items to the board at the address listed in Section 1. Thank you.