



Fields of Opportunities

# STATE OF IOWA

TERRY BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE  
MARK BOWDEN, EXECUTIVE DIRECTOR

## Application to Apply Military Service to an Experience or Educational Requirement for Licensure

This form may be used to request credit toward an experience or educational requirement for licensure based on military education, training, or service obtained or completed in military service. Credit for military service may not be applied to an examination requirement. "Military service" means honorably serving on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, in the military services of other states, as provided in 10 U.S.C. section 101(c), or the organized reserves of the United States, as provided in 10 U.S.C. section 10101. You may mail, hand deliver, fax or e-mail a completed form. There is no fee for this application.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
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### Please check the license to which your application applies:

\_\_\_\_\_ Physician (M.D. / D.O.)

\_\_\_\_\_ Licensed Acupuncture (L.Ac.)

### What is the experience or educational requirement for licensure to which your application applies?

Please identify the military education, training, or service you believe satisfies all or part of this requirement, and attach documents, military transcripts, a certified affidavit, or forms that verify completion of the relevant military education, training, or service, which may include, when applicable, the applicant's Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET) (DD Form 2586).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date