

SPECIAL LICENSE APPLICATION CHECK LIST

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. 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	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum-Application Part 2 through the board’s online services website at www.medicalboard.iowa.gov .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all states in which you have ever held medical and/or other professional licenses	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all countries in which you have ever held medical and/or other professional license <u>outside</u> the U.S. or Canada	<input type="checkbox"/>	<input type="checkbox"/>
Copy of any medical license you hold to the Board	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all specialty board certificates (if applicable) to the Board	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English language demonstrated by having either a valid ECFMG certificate or a passing score on the TSE or TOEFL	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) letters of recommendation from universities/educational institutions that indicate your noteworthy professional attainment	<input type="checkbox"/>	<input type="checkbox"/>
A letter from the Dean of the medical school to which you have been invited to serve on the academic staff	<input type="checkbox"/>	<input type="checkbox"/>
Post-graduate Training Verification Form #3 sent to the Board to verify all post-graduate training programs you have attended <u>outside</u> the U.S. or Canada	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board	<input type="checkbox"/>	Completed via FCVS
Copy of medical diploma sent to the Board	<input type="checkbox"/>	Completed via FCVS
Medical Education Verification Form #2 sent to the Board from all medical schools attended	<input type="checkbox"/>	Completed via FCVS
Medical School Transcripts sent to the Board by your medical school(s)	<input type="checkbox"/>	Completed via FCVS

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Post-graduate Training Verification Form #3 sent to the Board from all programs you attended in the U.S. or Canada	<input type="checkbox"/>	Completed via FCVS
Fifth Pathway Form #4 (if applicable) sent to the Board from the medical school and institution - include a copy of your diploma (must be sealed by your school)	<input type="checkbox"/>	Completed via FCVS
Examination Transcripts (if applicable) sent to the Board	<input type="checkbox"/>	Completed via FCVS
Copy of ECFMG Certificate (if applicable) sent to the Board	<input type="checkbox"/>	Completed via FCVS
ECFMG Status Report (if applicable) sent to the Board	<input type="checkbox"/>	Completed via FCVS