



**IOWA BOARD OF MEDICINE**  
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**TEMPORARY LICENSE LETTER GUIDE  
(For Temporary License Applicants Only)**

Applicants who are applying for a temporary license must 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.

**Applicant Instructions:** Provide this guide to the Iowa licensed physician that is requesting your services.

**Iowa Licensed Physician Instructions:** A requirement for temporary licensure is a letter from the physician requesting the applicant's services. Use this guide to write the letter and include information for each of the items below. Physicians whose letters fail to address the items below will be requested to resubmit their letter with additional information. This letter should be mailed directly to the board.

**Observing in Iowa:** Iowa rules allow physicians to observe without obtaining a license. Physicians who are going to observe do not qualify for a temporary license. Do not submit an application if the activity is solely observation. The board will not approve licenses for observation.

1. Applicant name
2. Name of Iowa licensed physician that requests the applicant's services and their contact information
3. Name of the applicant's immediate supervisor and their contact information
4. Length of time the applicant will be participating in the board approved activity
5. Location(s) of the activity
6. Description of the need to have the applicant licensed
7. Explain in detail the following information
  - Type of practice in which the applicant will be involved
  - Indicate if patient contact will occur
  - List the procedures the applicant will learn
  - List the procedures the applicant will perform
  - List any research projects in which the applicant will be involved
  - Indicate if the applicant will act as a consultant to the Iowa licensed physician
  - Provide any other details of the applicant's proposed practice in Iowa that is not covered by the above terms
8. Sign and date letter