Uniform Application to Apply Military Service to an Experience or Educational Licensure Requirement

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 the completed form. There is no fee for this application.

Last Name: _________________________________     First Name: _________________________________

Address: ______________________________________

City, State, Zip Code: _________________________________

Email: ______________________________________

Phone 1: ______________________________________   Phone 2: ______________________________________

Check the box next to the license(s) you are interested in applying for:

- Athletic Trainer
- Audiologist
- Audiologist Temporary
- Barber
- Barber Temporary
- Barber Instructor
- Barber Instructor Temporary
- Cosmetologist
- Cosmetology Instructor
- Chiropractor
- Dietitian
- Electrologist
- Esthetician
- Funeral Director
- Funeral Director Intern
- Hearing Aid Dispenser
- Marital and Family Therapist
- Marital and Family Therapist Temporary
- Massage Therapist
- Mental Health Counselor
- Mental Health Counselor Temporary
- Nail Technologist
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Pedorthist
- Physical Therapist
- Physical Therapist Assistant
- Physician Assistant
- Podiatrist
- Prosthetist
- Psychologist
- Psychologist Provisional
- Respiratory Care Therapist
- Sign Language Interpreter
- Sign Language Interpreter Temporary
- Social Worker, Bachelor
- Social Worker, Masters
- Social Worker, Independent
- Speech Pathologist
- Speech Pathologist Temporary
Please list the experience or educational requirement for licensure to which this application applies:

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Please identify the military education, training, or service you believe to satisfy all or part of the requirement you listed above. Attach any 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 or Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET) (DD Form 2586):

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Applicant’s Verification

I certify that I have carefully read the questions on this military service application and have answered them completely and truthfully. I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on, or in conjunction with, this application.

_______________________________________________

Applicant Signature

_______________________________________________

Date