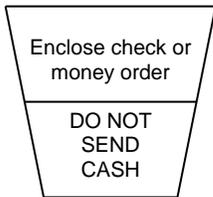


## Checklist

**Before you mail this application, be certain that you have completed the following:**

- \_\_\_\_\_ I have enclosed official transcripts showing the awarding of both my bachelor's degree and master's degree. If my transcripts are being sent separately, I have included a note to that effect.
- \_\_\_\_\_ I have had section II signed by the recommending official at the institution at which I completed my program.
- \_\_\_\_\_ I have been fingerprinted and am sending along (or have already sent) the fingerprint card and waiver form that I received from the Iowa Board of Educational Examiners. (If you need a card, go to [www.boee.iowa.gov](http://www.boee.iowa.gov) or call (515)281-3245 to leave your name and address to request a fingerprint packet.
- \_\_\_\_\_ I have completed and signed the section titled "Background Information."
- \_\_\_\_\_ If I answered "Yes" to any question under "Background Information," I have attached a written explanation on 8 1/2 x 11" paper.
- \_\_\_\_\_ I have enclosed \$85 licensure fee.
- \_\_\_\_\_ I have enclosed \$75 to cover the cost of my background check. (You may send a single check or money order for \$160).
- \_\_\_\_\_ I am mailing the entire packet to:

State of Iowa  
**Board of Educational Examiners**  
**Licensure**  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, Iowa 50319-0147



# APPLICATION FOR AN INITIAL PROFESSIONAL SERVICE LICENSE (Iowa Institution)

(Guidance Counselor, School Psychologist, School Social Worker,  
Speech-Language Pathologist, School Audiologist)

State of Iowa  
Board of Educational Examiners  
Licensure  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, Iowa 50319-0147

Revised 06/15

**INSTRUCTIONS:**

1. Complete Section I.
  2. Enclose a **\$85.00 nonrefundable check or money order** made payable to the Board of Educational Examiners.
  3. Attach official college/university transcripts of credit for the baccalaureate and master's degree programs.
  4. Complete Section II.
  5. Complete fingerprint packet information. Enclose the \$75 fee.
  6. Send all materials to the address that appears in the upper right hand corner of this page.
  7. Please allow four weeks for processing.
- Name changes require a photocopy of official legal documentation. **ALL FEES ARE NONREFUNDABLE. Incomplete application will be void after 45 days**

**Section I: To be Completed by the Applicant:**

Applicant's Folder # (To Be Assigned by BoEE Office)	Social Security #	Date of Birth Month    Day    Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone (    )	Daytime Phone (    )	Email Address	

**Background Information:**

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. \*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes  No  PR  Have you ever been convicted of a felony?
- b. Yes  No  PR  Have you ever been convicted of a crime other than parking or speeding violations?  
(NOTE: Include all deferred judgments)
- c. Yes  No  Do you currently have any criminal charges pending against you?
- d. Yes  No  PR  Have you ever had a founded report of abuse made against you?
- e. Yes  No  PR  Have you ever had an educational license denied, revoked, or suspended?

**Statement of Fraud:** Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or the FBI may be released as allowed by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Section I: To be Completed by the Preparation Institution:**

We verify that the applicant has completed our master's degree or greater in \_\_\_\_\_.

COLLEGE  
SEAL

\_\_\_\_\_  
Signature of Recommending Official

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Typed Signature of Recommending Official and Phone Number