

G. Attestation**

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me during this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. 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 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.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Applicant Signature

Date

*This information is collected pursuant to Iowa Code chapters 272J, 261 and 272C. Failure to provide mandatory information will result in license denial.

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

** A licensee who has an attestation on file with the board and who continues to utilize the procedure or device specified in the attestation shall meet the requirements of 645—Chapter 64 at the time of license renewal. A minimum of one hour of continuing education in the area of each procedure or device for which the licensee has received board certification shall be required beginning May 1, 2006. Continuing education credit in the area of the procedure or device is in addition to the hours of continuing education required for renewal of the license.

NOTE: Applications must be complete and signed to be processed. No application will be considered complete until ALL required supporting documents and fees have been received in the Board office. Allow four (4) weeks for processing from the time ALL documents are received. Licensure applications are maintained in the board office for two years.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. For additional information about Iowa's laws and rules visit www.idph.state.ia.us/licensure