

**BEFORE THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_,

**PETITIONER.**

**PETITION FOR DETERMINATION OF  
ELIGIBILITY FOR LICENSURE**

Case No. \_\_\_\_\_  
(Office Use Only)

**COMES NOW** \_\_\_\_\_ and  
Last Name, First Name Middle Name

seeks a determination by this Department as to whether the following offenses, for which Petitioner has been convicted by a court of law, disqualify Petitioner for licensure/registration as a \_\_\_\_\_ Profession by the Iowa Department of Health and Human Services.

**Petitioner:** Fill in the information below about each conviction for which you are seeking an eligibility determination by the Department. Include additional sheets if necessary., you must also include with this Petition the following information and documentation for **each** conviction listed below:

1. The criminal complaint and judgment of conviction for each offense;
2. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of an emergency medical care provider and why the Department should deem Petitioner rehabilitated; and
3. All evidence of rehabilitation that Petitioner wishes the Department to consider, including evidence of the following: mitigating circumstances or social conditions surrounding the commission of the offense, any treatment undertaken, a certificate of employability, letters of reference, and any other relevant evidence of rehabilitation and present fitness to practice.

You must also include with this Petition the payment of a nonrefundable \$25 fee by cash or check payable to Iowa Department of Health and Human Services, Bureau of Emergency Medical and Trauma Services.

**Conviction 1:**

Case Number: \_\_\_\_\_ Federal or State crime?  Federal  State

State & County of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 2:**

Case Number: \_\_\_\_\_ Federal or State Crime?    Federal    State

State & County of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 3:**

Case Number: \_\_\_\_\_ Federal or State Crime?    Federal    State

State & County of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 4:**

Case Number: \_\_\_\_\_ Federal or State Crime?    Federal    State

State & County of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 5:**

Case Number: \_\_\_\_\_ Federal or State Crime?    Federal    State

State & County of conviction: \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**ATTESTATION:** I swear or affirm under penalty of perjury that this form and the associated documentation provided are true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_