

**State of West Virginia  
WV Board of Occupational Therapy**

**Application for Low Income Waiver of Initial Licensing Fee  
Form # LIW**

**General Information**

This form should be used by applicants requesting a waiver of the initial licensure fee based on their annual household income, before taxes, being at or below 130% of the federal poverty guidelines prescribed for the applicant's family household size by the United States Department of Health and Human Services. This waiver only applies to the initial licensing fee. Applicants are only eligible to receive one initial licensing fee waiver from the Board. This waiver request is subject to approval by the WV Board of Occupational Therapy.

**This form must be attached to your application for licensure.**

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the WV Board of Occupational Therapy at 304-285-3150.*

**1. Application Instructions (by Section)**

**a. Section I – Applicant Information**

- i. Use this form if you are applying to waive your initial licensure fee based on your household income being at or below 130% of the federal poverty guidelines as set forth in WV Code § 30-1-23.
- ii. A Social Security number is required in order to apply for any individual license with the West Virginia Board of Occupational Therapy.
- iii. Provide your mailing and email address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions regarding applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

**b. Section II – Verification of Eligibility**

- i. Complete this section in its entirety.  
To determine if you qualify for this fee waiver you may access the U.S. Department of Health and Human Services federal poverty guidelines through the Board's website in the Licensure Application section on the Initial Licensing Fee Waiver page.
- ii. Attach supporting documentation by submitting a Federal Tax Return or documentation of eligibility for Temporary Assistance for Needy Families Program, Medicaid, or Supplemental Nutrition Assistance program.

**c. Section III – Affirmation by Written Declaration**

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Board will not process the application.

**Please mail your completed application to:**  
West Virginia Board of Occupational Therapy  
1063 Maple Dr., Suite 4B  
Morgantown, WV 26505

**State of West Virginia  
West Virginia Board of Occupational Therapy**

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**Section I – Applicant Information**

PERSONAL INFORMATION		
Social Security Number:*	License Applying For: <input type="checkbox"/> OT <input type="checkbox"/> OTA	
Last/Surname:	First:	Middle:
Birth Date (MM/DD/YYYY): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:	Phone Number:	
MAILING ADDRESS		
Street Address or P.O. Box:		
City:	State:	Zip Code:
County:	Country:	

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications by the authority granted by West Virginia Code § 30-1-6 (d).

**Section II – Fee Waiver Requirement**

FEE WAIVER REQUIREMENT
<input type="checkbox"/> I attest that my annual household income, before taxes, is at or below 130% of the federal poverty guidelines prescribed by the United States Department of Health and Human Services. As verification of my annual household adjusted gross income, I have enclosed a copy of the appropriate Federal Tax Return for the preceding year.
<input type="checkbox"/> I am currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, or the Supplemental Nutritional Assistance Program (SNAP). As verification of my participation, I have enclosed a certified letter or other satisfactory proof from my public assistance program which demonstrates current participation in the program.

**Section III – Affirmation By Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by WV Code § 30-1-22. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b>	
Print Name:	Date:
Signature:	