

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

**Military Member/Veteran/Spouse Fee Waiver and Military Service Verification
Form # MFW**

General Information

Military Veteran/Spouse Initial License Fee Waiver Request

This form may be used by veterans returning from service, the spouse of a veteran, or a surviving spouse of deceased service member who has not remarried, to request a waiver of fees. The initial license fee will be waived for veterans returning from service, or the spouse of a veteran at the time of discharge. This waiver request is subject to approval by the West Virginia Board of Occupational Therapy. **This form must be attached to your application for licensure.**

Active Military Member/Veteran/Spouse Initial Licensing Fee Waiver Request

This form may be used by any individual that is currently serving, or has formerly served, as an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse who has not remarried, of such member who was married to the member during a period of active duty, to request a waiver of the initial licensure fee. This waiver request is subject to approval by the West Virginia Board of Occupational Therapy. **This form must be attached to your application for licensure.**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

Military Veteran/Spouse/Surviving Spouse Initial License Fee Waiver Request	<ol style="list-style-type: none">1. Complete all portions of this application.2. Provide a DD-214 or NGB-22 showing an honorable discharge3. Submit this form with your application for licensure.4. Spouses must also provide a copy of your marriage certificate to the military service member.
Active Military Member/Veteran/Spouse/Surviving Spouse Initial Licensing Fee Waiver Request	<ol style="list-style-type: none">1. Complete all portions of this application.2. Provide a DD-214, NGB-22, DD-1300 or copy of military orders.3. Submit this form with your application for licensure.4. Spouses and Surviving Spouses must also provide a copy of your marriage certificate to the military service member.

Please submit your completed application, this form and documentation to:
WV Board of Occupational Therapy
1063 Maple Dr., Suite 4B
Morgantown, WV 26505

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. Fill out each section completely. A Social Security number is required by WV Code § 30-1-6(d).
- ii. Provide the type of licensure you are applying for. This form should be submitted with your application for licensure.
- iii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- iv. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- v. Contact information is often used to quickly resolve questions with 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 – Fee Waiver Requirements

- i. Select one option that correctly indicates your eligibility for the fee waiver. Submit the supporting documentation requested in the option selected.
- ii. **NOTE:** If both the military member/veteran and spouse are applying for licensure, you must each submit a separate fee waiver request form with your applications for licensure.

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.

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Military Member/Veteran/Spouse Fee Waiver and Military Service Verification
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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 have served in a branch of the United States Armed Forces, including National Guard, or a reserve component, and have been honorably discharged. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/> I am/was the spouse of a veteran (at the time of discharge) who has served in a branch of the United States Armed Forces, including National Guard units, or a reserve component, and has been honorably discharged. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's DD-214 or NGB-22.
<input type="checkbox"/> I am currently serving on active duty in a branch of the United States Armed Forces. Submit a copy of your military orders.
<input type="checkbox"/> I have served on active duty in a branch of the United States Armed Forces. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/> I am the spouse/surviving spouse of a member of the United States Armed Forces who was married to the member during a period of active duty. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders, DD-214, NGB-22 or DD-1300.

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 § 30-1-23. 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. 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.	
Print Name:	Date:
Signature:	