



**STATE OF WEST VIRGINIA
BOARD OF REGISTERED NURSES**
5001 MacCorkle Ave., SW
South Charleston, WV 25309

Low Income Initial Licensure Fee Waiver Application

The Board only accepts documents that are complete, legible, contain an original signature, and are accompanied by all required documentation. Print and sign this application, and return along with any other required documentation to rnboard@wv.gov or mail to the Board at the above address.

TO BE COMPLETED BY APPLICANT

First name	Middle	Last	Maiden name
Street Address		City	State Zip

LICENSE TYPE

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Certified Nurse Practitioner	<input type="checkbox"/> Certified Nurse Anesthetist
<input type="checkbox"/> Certified Nurse Midwife	<input type="checkbox"/> Certified Nurse Specialist	<input type="checkbox"/> Dialysis Technician

VERIFICATION OF ELIGIBILITY

I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. 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(s) for the preceding year.

I am currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements. As verification of my participation, I have enclosed:

- i. A certified letter or other satisfactory proof from my public assistance program which demonstrates current participation in a state or federal public assistance program with low-income eligibility requirements; or
- ii. Other (please describe) _____

CERTIFICATION

I hereby certify that:

- The information contained within this application is true and correct;
- I have not previously received an initial licensing fee waiver from the West Virginia Board of Registered Nurses; and
- I have not previously held a license to practice my profession in West Virginia.

Signature _____

Date _____