



STATE OF WEST VIRGINIA BOARD OF REGISTERED NURSES

90 MacCorkle Ave., SW, Suite 203
South Charleston, WV 25303

Military Family 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

TYPE OF WAIVER

Service Member

I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my service, I have enclosed a copy of my current military orders, NGB-22 Form or DD-214 Form.

Spouse of Service Member

I am the spouse of an active member, or an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my spouse's service and our marriage, I have enclosed a copy of:

- My spouse's current Military Orders, NGB-22 Form or DD-214 Form; and
- My Certificate of Marriage with the service member.

Surviving Spouse of Service Member

I am the surviving spouse of a service member and I have not remarried. As verification, I have enclosed a copy of:

- My decedent spouse's DD-1300 Form or a Certified Certificate of Death and an NGB-22 Form or DD-214 Form; and
- My Certificate of Marriage with the decedent service member; and
- A Notarized Affidavit verifying that I have not remarried.

SEAL / SIGNATURE

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