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 rmboard@wv.gov or mail to the Board at the above address.

TO BE COMPLETED BY APPLICANT

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LICENSE TYPE

☐ Registered Nurse  ☐ Certified Nurse Practitioner  ☐ Certified Nurse Anesthetist

☐ Certified Nurse Midwife  ☐ Certified Nurse Specialist  ☐ 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:

i. My spouse’s current Military Orders, NGB-22 Form or DD-214 Form; and

ii. 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:

i. My decedent spouse’s DD-1300 Form or a Certified Certificate of Death and an NGB-22 Form or DD-214 Form; and

ii. My Certificate of Marriage with the decedent service member; and

iii. 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 __________________________