



## WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102  
Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369  
wvbopt@wv.gov www.wvbopt.com

### INSTRUCTIONS FOR LOW-INCOME INITIAL LICENSING FEES WAIVER

*The Board only accepts mailed applications which are complete, legible, contain an original signature, and are accompanied by all required documentation.*

- **Applicant Information:** Complete this section in its entirety. The name that you provide on the application must be your legal name and must match the name on all the required supporting documentation that is submitted. A valid email address is necessary to receive written notification from the Board regarding eligibility and Board communications.
- **License Type:** Select the type of initial license that you will be applying for.
- **Verification of Eligibility:** Select the applicable eligibility category and enclose the required documentation.
  - o If you reside in West Virginia or a portion of the county in which you reside is within 50 miles of the border of West Virginia, and your 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, you must submit a copy of your Federal Tax Return for the preceding year. If you are married and filed separate, you will need to submit the Federal Tax Return for both you and your spouse.
  - o If you are 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, you must submit a certified letter or other satisfactory proof from your public assistance program which demonstrates your current participation. If you select "Other", please describe the eligibility documentation that is being submitted.
- **Certification:** Review each of the declarations and sign and date the application.

**Mail your completed application with all required documentation to the WV Board of Physical Therapy at the address above. The Board will process the waiver request and provide notification of eligibility via email within 30 days of receipt of an accurately completed licensing fee waiver application. The 30-day processing period does not commence until all required documentation and information has been received by the Board.**



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**APPLICATION FOR LOW-INCOME INITIAL LICENSING FEES WAIVER**

**APPLICANT INFORMATION**

|                        |               |                 |               |               |
|------------------------|---------------|-----------------|---------------|---------------|
| FULL LEGAL NAME: FIRST |               | MIDDLE INITIAL  | LAST          | MAIDEN/FORMER |
| PHYSICAL ADDRESS       |               | CITY            | STATE         | ZIP CODE      |
| COUNTY                 | EMAIL ADDRESS | PREFERRED PHONE | DATE OF BIRTH |               |

**LICENSE TYPE**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> PHYSICAL THERAPIST | <input type="checkbox"/> PHYSICAL THERAPIST ASSISTANT | <input type="checkbox"/> ATHLETIC TRAINER |
|---|---|---|

**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:**

- 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**
- 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 licensure fee waiver from the WV Board of Physical Therapy; and
- I have not previously held a license to practice my profession in West Virginia.

**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If additional information is needed, the Board will contact you at the email address provided on this application.**