

**State of West Virginia
 Military Member/Veteran/Spouse Fee Waiver and Military Service Verification
 Form # WVRC MFW**

General Information

Military Veteran/Spouse Full Fee Waiver Request

This form may be used by veterans returning from service, or the spouse of a veteran, 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, provided the veteran or spouse applies for licensure within 60 months of being honorably discharged. This waiver does not include examination fees. This waiver request is subject to approval by the West Virginia Board of Respiratory Care. **This form must be attached to your application for licensure.**

Active Military Member/Veteran/Spouse 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 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 only applies to the licensing fee. This waiver request is subject to approval by the West Virginia Board of Respiratory Care. **This form must be attached to your application for licensure.**

Military Service Experience Verification This application is for any veteran honorably discharged applying for a Respiratory Therapist license to establish their years of military service for purpose of waiving the initial license fee. **This form must be attached to your application for licensure. Please note, you will be required to demonstrate the necessary education and experience on your application for licensure as a Respiratory Therapist.**

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

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

Please submit your completed application, this form and documentation to:
 WV Board of Respiratory Care
 106 Dee Drive, Suite 1
 Charleston, WV 25311

Instructions

If you have any questions or need assistance in completing this application, please contact the WV Board of Respiratory Care at 304-558-1382.

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 – Military Service Verification

- i. Check this box if you are applying for a Respiratory Therapist license and wish to establish your years of military service for licensure purposes.

d. Section IV – Affirmation by Written Declaration

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section 1 - Applicant Information

PERSONAL INFORMATION

Social Security Number:* _____ License Number _____
Assigned by Agency

Last Name / Surname: _____ First _____ MI _____ Suffix _____

Birth Date (MM/DD/YYYY) _____ Gender Male ___ Female ___

Email address _____ Phone # _____

Alt. Email address _____ Alt. Phone _____

Section 2 - Contact information

MAILING ADDRESS

Street address or PO Box _____

City _____ State _____ Zip _____

County _____ Country _____

* The disclosure of the Social Security number is required on all applications for Respiratory Therapist Licensure in West Virginia under WV Code § 30-1-6 (d). It is also used for the efficient screening of applicants and licensees to ensure compliance with Child Support obligations.

Section 3 - Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

I certify that I am empowered to execute this application as required by 31 CSR 6 Rule of the West Virginia Board of Respiratory Care. 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.**

Signature _____ Date _____

Print name _____

THIS FORM MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION. IF THIS FORM, APPLICATION AND DOCUMENTATION ARE NOT SUBMITTED, THIS WILL DELAY THE PROCESSING OF YOUR REQUEST FOR A LICENSE.