



West Virginia Board of Examiners for
Speech-Language Pathology &
Audiology
99 Edmiston Way, Suite 214 – Box 11
Buckhannon, WV 26201

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Military Family Initial Licensing Fee Waiver Application

APPLICANT INFORMATION

Applicant Name: _____
First Middle Last Suffix

Home Address: _____
(Physical Address – Not PO Box) City State Zip County

Preferred Mailing Address: _____
(If different from home address) City State Zip County

Email Address: _____ **Phone #** _____ **Date of Birth** _____

LICENSE TYPE

Select the type of initial license you will be applying for

☐ **Audiology** ☐ **Speech-Language Pathology** ☐ **Provisional** ☐ **Assistant**

VERIFICATION OF ELIGIBILITY

Select the applicable eligibility category and enclose the required documentation

Service Member

____ I currently serve as an active member, or am an honorable discharged veteran, of the armed forces of the U.S., 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 a Service Member

____ I am the spouse of an active member, or an honorable discharged veteran, of the armed forces of the U.S., 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 a 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; and
- My Certificate of Marriage with the decedent service member; and
- A Notarized Affidavit verifying that I have not remarried.

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 WV Board of Examiners for Speech-Language Pathology and Audiology; and**
- **I have not previously held a license to practice my profession in West Virginia**

Printed Name: _____

Original Signature: _____ **Date:** _____

All correspondence regarding this application will be via the email address provided.

SUBMIT THIS WAIVER APPLICATION & REQUIRED DOCUMENTS WITH YOUR LICENSE APPLICATION.