

LIMITED PSYCHOLOGY LICENSE FEE WAIVER FORM

TO BE COMPLETED BY EMPLOYER OR VOLUNTEER PSYCHOLOGIST

Pursuant to Section 455.561, Florida Statutes and Rule 64B19-11.010, Florida Administrative Code, if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that he/she will not receive monetary compensation for any services involving the practice of psychology, the licensure fees shall be waived.

AFFIDAVIT

I, _____, being first duly sworn,
state that the following psychologist:

TYPE OR PRINT PSYCHOLOGIST'S NAME

will NOT receive monetary compensation for any service involving the practice of psychology from:

Agency/Institution: _____

Address: _____

City/State/Zip: _____

Signed: _____

Name (type or print): _____

Title: _____

STATE OF FLORIDA

COUNTY OF: _____

The above person is personally known to me or has produced _____
as identification.

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, _____
(month) (year)

(SEAL)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____