

This form must be completed by your employer or prospective employer.



## Board of Psychology Limited License Fee Waiver Affidavit

Pursuant to s. 456.015(2), F.S., and Rule 64B19-11.010, F.A.C., if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that they will not receive monetary compensation for any services involving the practice of psychology, the licensure fees shall be waived except for the \$5.00 unlicensed activity fee which must be submitted as part of the application.

I, \_\_\_\_\_, being first duly sworn, state that the following psychologist:  
(Name of Employer)

\_\_\_\_\_, will **not** receive monetary compensation for any service involving the practice  
(Name of Applicant)

psychology from:

Agency/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

Commission Expires: \_\_\_\_\_  
MM/DD/YYYY

***Form must be submitted with your application.***