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: ______________________________