SUPPLEMENTAL APPLICATION FOR FEE WAIVER
La. Revised Statutes 37:23.4

Applicants for licensure with the Louisiana State Board of Examiners of Psychologists may qualify for a fee waiver or payment plan pursuant to La. R.S. 37:23.4(A)(1) or (2), for payment of the initial application or examination fee for initial licensure. This waiver does not apply to the Examination for Professional Practice in Psychology administered by the Association of State and Provencal Psychology Boards.

To qualify, Applicants must receive public assistance, including supplemental nutrition assistance program, temporary assistance for needy families, Medicaid, disability insurance, or public housing; or earn less than two hundred percent of the current federal poverty guidelines established by the federal office of management and budget, unless the applicant has been in an undergraduate or graduate school full time and unable to work.

COMPLETE THIS APPLICATION, ATTACH SUPPORTING DOCUMENTATION AND RETURN THE ORIGINAL SIGNED COPY WITH YOUR NOTARIZED APPLICATION FOR LICENSURE.

Full Name (LAST, First Middle): _____

Social Security Number: _____ Date of Birth: _____

I am requesting: ☐ Full Fee Waiver ☐ Partial Fee Waiver ☐ Payment Plan*

NOTE: An individual in good standing with the Board who has been provided a payment plan shall have twelve months from the date of the first scheduled payment to pay the account in full. A failure to remit payment in full within the allotted twelve-month period shall result in the individual being denied a renewal of their license.

1. By my signature below, I hereby swear and attest that I meet the following requirements to qualify for a supplemental fee waiver (check one):

☐ I receive the following public assistance:

- ☐ Medicaid
- ☐ Supplemental Nutrition Assistance Program
- ☐ Disability Insurance
- ☐ Temporary Assistance for Needy Families
- ☐ Public Housing
- ☐ Other:_____

☐ I earn less than two hundred percent of the current federal poverty guidelines as established by the federal office of management and budget. This provision DOES NOT apply to applicants who have been in undergraduate or graduate school full-time and unable to work.

2. **Disclosure of Income:**

Prior reporting year: _____ Gross Annual Income claimed in prior reporting year: _____

Number of Dependents (Including yourself) claimed in prior reporting year _____

3. ATTACH DOCUMENTATION applicable to support your attestation (e.g. letter of approval/award, current insurance cards, prior year tax return.)

_____ _____

SIGNATURE OF APPLICANT DATE