

Application Fee Waiver Form INSTRUCTIONS

Application Fee Waiver Form: HB2372 provides a financial waiver of application fees for qualified exam applicants. Nursing students attending a nursing program in the United States and obtaining licensure by examination, may be eligible for the waiver. Applicants must have income not exceeding 200% of the federal poverty guideline. If you believe that you qualify for the waiver, complete the application fee waiver form along with your exam application and provide the required documents, listed below.

Waiver Requirements

- The exam application must be completed and submitted online through the Nurse Portal.
- The application fee waiver form must be signed by the applicant and spouse, if applicable.
- Provide the required financial document(s) & upload with the waiver form via the message center of your Nurse Portal account.
- Pay all applicable fees in full.

Special Instructions

- The applicant must complete all applicable fields on the application fee waiver form. Incomplete application fee waiver forms will be denied.
- The application fee waiver form, exam application, financial document(s) and payment for fingerprints must be submitted together.
- **Failure to upload all documents when the application is completed and submitted will result in the waiver being denied.**
- If married and not legally separated, the application fee waiver form must be signed by the applicant and spouse. Application fee waiver forms not signed by both parties will be denied.
- If the waiver is approved, the application fee will be refunded.

Financial Documents

To determine eligibility, the applicant seeking the waiver must provide the financial document(s) consistent with your status, as listed below.

1. Has income and files federal tax return

- Single – must provide copy of most recent federal tax return.
- Married Filing Joint – must provide copy of most recent federal tax return.
- Married Filing Separate – must provide copies of applicant and spouse most recent federal tax return.
- Married Filing Separate and legally separated - must provide copies of applicant most recent federal tax return and a copy of the court order.

2. Has income but does file federal tax return

- Single – must provide copies of most recent W2 and/or 1099.
- Married - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married but not legally separated - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married and legally separated - must provide copies of applicant most recent W2 and/or 1099 and a copy of the court order.

3. Has no income and does not file federal and/or state tax return(s)

- Single – provide application fee waiver form.
- Married - provide application fee waiver form.
- Married but not legally separated - provide application fee waiver form.
- Married and legally separated - provide application fee waiver form and a copy of court order.

UPLOAD INSTRUCTIONS:

- Log In to **Nurse Portal**
- To the left you will see **Message Center**, Click on **INBOX**
- Select **Compose a Message**

- **Attach Files** then, +Add File
- Upload all documents



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APPLICANT INFORMATION

ALL FIELDS ARE REQUIRED

Date _____

Legal Name (Last, first, middle initial) _____ Social Security # _____

Other Legal Name (Last, first, middle initial) (Maiden) _____

Street Address _____ City, State, ZIP Code _____

Primary Phone Number | Other Phone Number _____ Email Address _____

Marital Status

- Single
- Divorced
- Married
- Widowed
- Separated

Filing Status

- Single
- Head of Household
- Married Filing Jointly
- Qualified Widow with Dependents
- Married Filing Separately

Document(s) Submitted With Waiver Form

- Applicant's Federal Tax Return
- Spouse's Federal Tax Return
- Applicant's W2
- Spouse's W2
- Applicant's 1099
- Spouse's 1099

Total Annual Gross Income: _____ **Calendar Year for Total Annual Gross Income:** _____ **Family Size:** _____

Spouse Legal Name (Last, first, middle initial) _____ Spouse Social Security # _____

Street Address _____ City, State, ZIP Code _____

Primary Phone Number | Other Phone Number _____ Email Address _____

EMPLOYMENT HISTORY

Employer Name _____ Supervisor's Name _____

Working Title _____ Supervisor's Telephone # _____

Street Address _____ City, State, ZIP Code _____

Dates of Employment _____ Annual Salary _____

Employer Name _____ Supervisor's Name _____

Working Title _____ Supervisor's Telephone # _____

Street Address _____ City, State, ZIP Code _____

Dates of Employment _____ Annual Salary _____

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

For Administrative Use Only: _____
Approved / Denied _____ Date Reviewed / Initials _____