



West Virginia Board of Examiners for  
Speech-Language Pathology &  
Audiology  
99 Edmiston Way, Suite 214 – Box 11  
Buckhannon, WV 26201

Telephone 304-473-4289  
Fax 304-473-4291  
[www.wvspeechandaudiology.com](http://www.wvspeechandaudiology.com)  
Email [wvbeslpa@wv.gov](mailto:wvbeslpa@wv.gov)

## Low-Income Family Initial Licensing Fee Waiver Application

### APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_  
First Middle Last Suffix

**Home Address:** \_\_\_\_\_  
(Physical Address – Not PO Box) City State Zip County

**Preferred Mailing Address:** \_\_\_\_\_  
(If different from home address) City State Zip County

**Email Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

### LICENSE TYPE

Select the type of initial license you will be applying for

\_\_\_ **Audiology** \_\_\_ **Speech-Language Pathology** \_\_\_ **Provisional** \_\_\_ **Assistant**

### VERIFICATION OF ELIGIBILITY

Select the applicable eligibility category and enclose the required documentation

See Page 3 for the 2020 Poverty Guidelines chart.

I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty level as established by the U.S. Dept. of Health and Human Services. As verification of my annual household adjusted gross income, I have enclosed a copy of the appropriate Federal Tax Return(s) for the preceding year. IF married and separate tax returns were filed, you are required to submit the Federal Tax Return for both you and your spouse.

If you are currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements. As verification of my participation, I have enclosed:

- a. A certified letter or other satisfactory proof from my public assistance program which demonstrates current participation in a state or federal public assistance program with low-income eligibility requirements; or

b. Other (please describe) \_\_\_\_\_

**CERTIFICATION**

**I hereby certify that:**

- **The information contained within this application is true and correct.**
- **I have not previously received an initial licensing fee waiver from the WV Board of Examiners for Speech-Language Pathology and Audiology; and**
- **I have not previously held a license to practice my profession in West Virginia**

**Printed Name:** \_\_\_\_\_

**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All correspondence regarding this application will be via the email address provided.**

**SUBMIT THIS WAIVER APPLICATION & REQUIRED DOCUMENTS WITH YOUR LICENSE APPLICATION.**

2023 POVERTY GUIDELINES FOR THE 48  
CONTIGUOUS STATES AND THE DISTRICT OF  
COLUMBIA

Persons in family/household

	100%	\$130
1	\$14,580	1. \$18,954
2	\$19,720	2. \$25,636
3	\$24,860	3. \$32,318
4	\$30,000	4. \$39,000
5	\$35,140	5. \$45,682
6	\$40,280	6. \$52,364
7	\$45,420	7. \$59,046
8	\$50,560	8. \$65,728

For families/households with more than 8  
persons, add \$5,140 for each additional person.