

STATE OF ARIZONA
NATUROPATHIC PHYSICIANS MEDICAL BOARD

FEE WAIVER APPLICATION INSTRUCTIONS
FOR LOW INCOME APPLICANTS
FOR MILITARY APPLICANTS
A.R.S. § 41-1080.01

FEE WAIVER APPLICATION INSTRUCTIONS

In order to have the State of Arizona Naturopathic Physicians Medical Board (“Board”) review your request for a waiver of the initial license application fee, you must complete this application form and supply the Board with the required documentation. **Failure to submit all documentation at the same time, or failure to submit a complete form, will result in denial of the waiver.** If you are requesting a waiver, do not send the application fee, you must however provide the money order payable to DPS for fingerprint processing. If you do not qualify for the fee waiver, you will be notified, and the application fee will be required within a stated time frame. Failure to pay the required fee will be considered a deficiency in the application process.

Low Income Applicants.

Applicants must have a family income **not exceeding 200% of the federal poverty guidelines.**

See <http://aspe.hhs.gov/poverty-guidelines> for current levels.

If you believe you qualify for the waiver, submit the completed form, along with all required financial documentation with the initial application for a medical license.

Financial Documentation

To determine eligibility, the applicant seeking the waiver, must provide the financial document(s) consistent with your status, as listed below. **APPLICANTS MUST SUPPLY A COPY OF THEIR FEDERAL TAX RETURN. IF YOU HAVE NOT FILED A FEDERAL TAX RETURN YOU WILL NOT BE CONSIDERED FOR THE FEE WAIVER. THE COPY MUST BE SIGNED AND PROVIDE PROOF THE DOCUMENTATION WAS FILED.**

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

If you are being claimed as a dependent on another person’s tax return, you must provide a copy of the most recent federal tax return. Any documentation supplied to the Board becomes the property of the Board and will not be returned to the applicant.

Military Applicants.

Who qualifies:

An active duty military service member’s spouse.

Any honorably discharged veteran who has been discharged not more than two year before application.

Required Documentation

Front and back of Military Identification Card and marriage certificate for military service member’s spouse.

Front and back of Military Identification Card and Military form showing honorary discharge within 2 years of application (ie: DD214 or DD256)

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APPLICANT FEE WAIVER FORM

Incomplete forms will be **denied**.

Failure to submit the required documentation with this form will result in **denial** of the waiver.

Waivers submitted separate from the original license application form will be **denied**.

Last Name First Name Middle

Other Name Used or (Maiden)

_____/_____/_____
Social Security Number Date of Birth

Home Address City State Zip

(_____) _____
Phone Email

I, _____, am requesting a **low-income fee waiver**.

Applicants Filing Status: Single Married Married Filing Separately Head of Household Listed as dependent

Documentation Submitted: Federal Tax Return (Copy of signed Federal Tax Return, along with evidence the return was submitted.)

OR

I, _____, am requesting a **military fee waiver**.

Documentation Submitted: Front and back of Military Identification Card and Military form showing honorary discharge within 2 years of application (ie: DD214 or DD256)

Front and back of Military Identification Card, and marriage certificate for military service member's spouse.

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF ARIZONA, THAT I AM THE PERSON REFERRED TO IN THE FOREGOING APPLICATION, TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS MADE ARE TRUE AND CORRECT, I HAVE NOT SUPPRESSED ANY INFORMATION THAT WOULD AFFECT THIS APPLICATION, I HAVE READ AND UNDERSTAND THAT FAILURE TO DISCLOSE THE REQUESTED INFORMATION OR DISCLOSURE OF FALSE OR MISLEADING INFORMATION MAY CONSTITUTE FRAUD, AND MAY RESULT IN THE DENIAL OF LICENSURE OR DISCIPLINARY ACTION TAKEN AGAINST AN ISSUED LICENSE.

Signature of Applicant

Date

Failure to sign this document will be considered automatic denial of the application.