

**Board of Clinical Social Work, Marriage and Family Therapy,
and Mental Health Counseling**



LIMITED LICENSE FEE WAIVER AFFIDAVIT

This form must be completed by your employer or prospective employer.

Pursuant to s. 456.015, F.S., and Rule 64B4-3.009, F.A.C., if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that they will not receive monetary compensation for any services involving the practice of clinical social work, marriage and family therapy, and mental health counseling, the licensure fees shall be waived.

I, _____, being first duly sworn, state that the clinical social worker, marriage
(Name of Employer)
and family therapist, or mental health counselor, _____, will **not** receive monetary
(Name of Applicant)
compensation for any service involving the practice of clinical social work, marriage and family therapy, or mental health
counseling from:

Agency/Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer Name: _____ Title: _____

Employer Signature: _____

Before me, the undersigned authority, personally appeared _____ who
(Name of Employer)
deposes and affirms the above statement is true and correct.

State of _____ County of _____

Sworn to and/or subscribed before me this _____ day of _____, 20_____

By _____ whose identity is known to me by _____

Notary Signature _____ Printed Name of Notary _____

[NOTARY SEAL]

Form must be submitted with your application.