

Wisconsin Department of Safety and Professional Services

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APPLICATION INSTRUCTIONS FOR INITIAL CREDENTIAL FEE REDUCTION

General Information

This form is to be used by applicants requesting a fee reduction of the initial licensure fee based on their federal adjusted gross income, being at or below 180% of the federal poverty guidelines prescribed for the applicant's family household size by the United States Department of Health and Human Services. This fee reduction **only** applies to the initial credentialing fee; other fees including, but not limited to exam fees, etc., are not eligible for a fee reduction. All fees are due at the time of application. This request is subject to approval by the Department of Safety and Professional Services. **This form must accompany your application for licensure;** failure to do so will result in denial of a fee reduction. To determine eligibility please visit the United States Department of Health and Human Services website at <https://aspe.hhs.gov/poverty-guidelines>, prior to submitting this application.

If after reviewing the information on the above website you determine that you are eligible for an initial credential fee reduction, please submit payment with the application for the credential in which you are applying that is equal to 10% of the initial credential fee listed on the application for that credential. Eligibility will be verified with the Wisconsin Department of Revenue and you may be required to submit documentation to provide proof of income.

PLEASE NOTE: If you submit payment that is equal to 10% of the initial credential fee and are later determined to not be eligible for a fee reduction you will be required to submit the remainder of the initial credential fee. A credential will not be granted until all requirements for licensure have been met, including any fees.

Instructions

1. Application Instructions

- a. Use this form if you are applying for a fee reduction of the initial credentialing fee based on your federal adjusted gross income being at or below 180% of the federal poverty guidelines as set forth in Wis. Stat. § 440.052(2). To determine eligibility, please visit the United States Department of Health and Human Services website at <https://aspe.hhs.gov/poverty-guidelines>.
- b. A social security number is required to apply for a credential with the Department of Safety and Professional Services and to determine eligibility for a fee reduction via the Department of Revenue pursuant to Wis. Stat. § 440.03(11m)(a) and (c).

2. Fee Reduction Requirement (For applicants that have not filed income taxes in Wisconsin in the last two years)

- a. You must enter the information and check the box contained in the Fee Reduction Requirement section.
- b. If you fail to do so, the Department will not process this application which may result in delayed licensure and/or you may be considered ineligible for a fee reduction.
- c. **Please note:** You may be required to submit documentation to provide proof of income upon request of the Department.

3. Affirmation by Written Declaration (Applies to all applicants)

- a. You must sign the Affirmation by Written Declaration.
- b. If you fail to sign the Affirmation by Written Declaration, the Department will not process this application which may result in delayed licensure and/or you may be considered ineligible for a fee reduction.

THIS FORM MUST ACCOMPANY YOUR APPLICATION FOR A CREDENTIAL

