

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

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

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APPLICATION FOR INITIAL CREDENTIAL FEE REDUCTION

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. The Department may not disclose the Social Security Number collected except as authorized by law. Your Social Security Number will be used to determine eligibility for a fee reduction in accordance with Wis. Stat. § 440.052(2).		

Have you filed incomes taxes in Wisconsin in the last two years? Yes No If no, complete the Fee Reduction Requirement below.

FEE REDUCTION REQUIREMENT

(Required for applicants that have not filed income taxes in Wisconsin in the last two years.)

I attest that my federal adjusted gross income is at or below 180% of the federal poverty guidelines prescribed by the United States Department of Health and Human Services (<https://aspe.hhs.gov/poverty-guidelines>), as required by Wis. Stat. § 440.052(2).

Federal Adjusted Gross Income as reported on your most recent federal income tax filing: <input type="text"/>	Number of dependents claimed on your most recent federal income tax filing: <input type="text"/>
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*If you claimed zero dependents, please enter one (1) dependent in the space provided. If you have not filed taxes or your number of dependents has changed since you last filed your taxes, please enter your current number of dependents. **Please note:** You may be required to submit documentation to provide proof of your income upon request of the Department.

AFFIRMATION BY WRITTEN DECLARATION

I certify that by signing this written declaration, I authorize the Wisconsin Department of Safety and Professional Services to use my Social Security Number in accordance with Wis. Stat. § 440.03(11m)(c), to determine my eligibility to obtain an initial credential fee reduction pursuant to Wis. Stat. § 440.052(2). I understand that my eligibility will be based on the federal adjusted gross income as reported on my most recent federal income tax filing. I understand that I may be required to submit documentation to provide proof of my income upon request of the Department. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature: Date: //