

LIMITED LICENSE FEE WAIVER AFFIDAVIT FORM

TO BE COMPLETED BY EMPLOYER OF VOLUNTEER PHYSICIAN

Pursuant to Section 458.317(1)(a)1., Florida Statutes, if a person applying for a Limited License submits a notarized statement from the employing agency or institution stating that he/she will not receive monetary compensation for any services involving the practice of medicine, the licensure fees shall be waived.

AFFIDAVIT

I, _____, being first duly sworn, state that the following physician:

(TYPE OR PRINT PHYSICIAN'S NAME)

will NOT receive monetary compensation for any service involving the practice of medicine from:

Agency/Institution: _____

Address: _____

Signed: _____

(Name – Type or Print)

Title: _____

STATE OF FLORIDA
COUNTY OF _____

The above is personally known to me or has produced _____
as identification.

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ Day of _____, 200___. (SEAL)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____