

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. However, any person who receives a waiver of fees for a limited license shall pay such fees if the person receives compensation for the practice of medicine.

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 \_\_\_\_\_, 20\_\_\_\_. (SEAL)

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_