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: ___________________________