



Iowa Board of Nursing

Fee Waiver for Federal Poverty Level Thresholds – Submission Form

This form must be submitted with the Federal Tax Return documents. Application for licensure must be initiated before the fee waiver request will be reviewed.

An applicant for **initial** licensure is eligible for a waiver of the **initial** licensing fee(s) if the applicant's household adjusted gross income does not exceed 200% of the Federal Poverty Level.

To demonstrate your eligibility to waive your initial licensing fee(s), you must **include** a copy of your household Federal Tax Return for the preceding year. Check which one applies.

- If you filed single, submit your individual Federal Tax Return
- If you are married and filed jointly, submit the joint Federal Tax Return
- If you are married and filed separately, submit both your Federal Tax Return and your spouse's Federal Tax Return
- If someone claimed you as a dependent on their tax return, submit the Federal Tax Return of the filer who claimed you as their dependent. List the filer name: _____
- Letter of explanation (available on the website) as to why you cannot provide any of the above and attesting to meeting the requirements.

Reference the Federal Poverty Level below to identify the income that matches the number of individuals in your household. If your household adjusted gross income, as reported on your most recent federal tax return, is less than the identified value, you are eligible for the one-time fee waiver.

Poverty Level per Individuals in Household: (Check applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 person - \$25,760 | <input type="checkbox"/> 4 people - \$53,000 | <input type="checkbox"/> 7 people - \$80,240 |
| <input type="checkbox"/> 2 people - \$34,840 | <input type="checkbox"/> 5 people - \$62,080 | <input type="checkbox"/> 8 people - \$89,320 |
| <input type="checkbox"/> 3 people - \$43,920 | <input type="checkbox"/> 6 people - \$71,160 | |

Applicant Information:

Full Legal Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Email Address: _____

License Type:

- Licensed Practical Nurse Registered Nurse Advanced Registered Nurse Practitioner

Attestations and Signature:

The information contained within this application is true and correct.

I have not previously received an initial license fee waiver from the Iowa Board of Nursing.

I have not previously held a license to practice my profession in Iowa.

Signature: _____

Printed Name: _____ Date: _____

Mail the form to: Iowa Board of Nursing, 400 SW 8th Street, Suite B, Des Moines, IA 50309 or Fax: 515-281-4825 or email the form and attachments to FeeWaiver@iowa.gov