

Wisconsin Department of Safety and Professional Services

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E-Mail: dsps@wisconsin.gov
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION INSTRUCTIONS FOR INITIAL CREDENTIAL FEE REDUCTION

General Information

Per Wis. Stat. § [440.052\(2\)](#) an applicant for an initial credential may apply for a reduction of the initial credential fee that is equal to 10% of the initial fee. Qualification is based on the federal adjusted gross income being at or below 180% of the federal poverty guideline prescribed for the applicant's family household size by the United States Department of Health and Human Services (DHHS). The fee reduction **only** applies to the initial credentialing fee; other fees including, but not limited to exam fees, etc., are not eligible for a reduced fee.

EXAMPLE

\$ 60.00 Initial Credential Fee **initial credential fee – eligible for fee reduction – reduced fee = \$6.00 (10%)**
\$ 75.00 WI Statutes and Rules Exam Fee **exam fee – not eligible for fee reduction = \$75.00**

All fees are due at the time of application. A fee reduction application is subject to approval by the Department of Safety and Professional Services (DSPS). **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 believe that you are eligible for an initial credential fee reduction, please submit payment with the application for the credential for 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 (DOR) 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 it is 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 payment of any fees.

Instructions

1. Application Instructions

- 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 DHHS website at <https://aspe.hhs.gov/poverty-guidelines>.
- A social security number is required to apply for a DSPS credential and to determine eligibility for a fee reduction via the DOR 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)

- You must enter the information and check the box contained in the Fee Reduction Requirement section.
- 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.
- 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)

- You must sign the Affirmation by Written Declaration.
- 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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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR INITIAL CREDENTIAL FEE REDUCTION

Last Name		First Name		MI	Former / Maiden Name(s)
Address (number/street)	(city)	(state)	(zip code)	Daytime Telephone Number	
				[][][] - [][][] - [][][][][]	
Mailing Address (number/street)	(city)	(state)	(zip code)	Date of Birth	
				[][] / [][] / [][][][]	
Social Security Number		Your Social Security 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:	Number of dependents claimed on your most recent federal income tax filing:

*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 (If unable to provide a digital signature print and sign form.)	Date:
	[][] / [][] / [][][][]