

# OT/OTA Military Application Fee Waiver

*This waiver request is for applications for initial licensure only.*

**Note: The request for a fee waiver is included as part of an online or paper licensing application. Only submit this fee waiver request form if you have not submitted your request as part of the application. Refer to the [OT Application](#) page for further information.**

Chapter 55, Occupations Code, allows for the waiver of application fees for **military service members, military veterans, and military spouses.**

Chapter 55, Occupations Code, §55.001 includes the following definitions:

**Active duty** - current full-time military service in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by §437.001, Government Code, or similar military service of another state.

**Armed forces of the United States** - the army, navy, air force, space force, coast guard, or marine corps of the United States or a reserve unit of one of those branches of the armed forces.

**Military service member** - a person who is on active duty.

**Military spouse** - a person who is married to a military service member.

**Military veteran** - a person who has served on active duty and who was discharged or released from active duty.

To apply for a waiver of application fees, please complete the following **OT/OTA Military Application Fee Waiver Request** form and submit a copy of the following official documentation:

- **Military Service Member:** Current original orders, including signature page(s) or Military ID (front and back)
- **Military Veteran:** DD 214
- **Military Spouse:** Military ID (front and back)

**An application and waiver are valid for one year. If the application has expired, a new application, which includes a fee waiver request, must be submitted. See the [OT Application](#) page for further information.**



**Executive Council of Physical Therapy and Occupational Therapy Examiners**  
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 Austin, Texas 78701

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 ptot.texas.gov

## OT/OTA Military Application Fee Waiver Request

*For initial licensure applications only.*

Please print your full name, residential address, phone number, and email address as they appear on your initial licensing application.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

***Please check the appropriate box below:***

I am a:     Military Service Member     Military Spouse     Military Veteran

***Please circle the appropriate Application Type:***    OT            OTA

***Please check the appropriate Licensure Method below:***

I am applying:     By examination     By endorsement

*This form and the official documentation of your military or veteran status/affiliation may be emailed to [military@ptot.texas.gov](mailto:military@ptot.texas.gov) or mailed to the address above. See the [OT application](#) page on our website for further information.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_