



SANE/SAE Fee Waiver Request Form



Candidate Information

- Name:
- Contact Information (Phone and Email):
- Address:

Fee Waiver Request

- Certification/Application Fee for which the waiver is requested- (i.e. Certification Application; Course Registration Fee; etc):

Facility/Employer Support

- Employer/Facility must be unable or declined to cover the cost of the relevant fee.
- Employer/Facility Name:

Statement of Financial Need- On a separate and attached document, address the following:

- Description of Financial Circumstances:
 - Provide a detailed explanation of your current financial situation, highlighting the factors contributing to your need for a fee waiver.
- Reasons for Requesting Fee Waiver:
 - Explain why you are requesting a fee waiver for the certification/application fee.
 - Describe how receiving this waiver will support your pursuit of SANE/SAE certification.

Supporting Documentation

- **Note:** You may be asked to provide supporting documentation, if applicable.

Declaration and Signature

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____

This form is part of the process for requesting a fee waiver from the OR-SATF. It aims to provide a fair and accessible avenue for candidates experiencing financial hardship to continue their pursuit of SANE/SAE certification. The OR-SATF will review each application carefully, considering individual circumstances in their