



**APPLICATION FOR
WYOMING ADVANCE PRACTICE REGISTERED
NURSE LICENSE**

All licenses expire December 31 of every EVEN year

This is a **Legal Document**. By completing and signing this document, you certify under penalty of perjury and subject to the provisions of Wyoming Statute § 6-5-303, and its penalties, you have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing (WSBN) on any application for licensure/certification or temporary permit.

WSBN no longer issues paper copies of licenses, certificates, or temporary permits. Verifications are available on-line at "License Verification" (<https://nursing-online.state.wy.us/Verifications.aspx>).

INSTRUCTIONS AND GENERAL INFORMATION: (Keep a copy of the completed application for your records)

Thank you for applying to WSBN. The following instructions are guidelines for completing the application. Contact the board office with any questions. We will be happy to assist you!

Applicant must:

- Complete the application. Type your information into the fillable PDF document and print the application; or print the application and complete neatly in INK. **DO NOT LEAVE ANY BLANKS**, if a section is not applicable, indicate "NA" on the line/section. An application with blank lines will be considered incomplete.
- Provide a copy of your social security card **AND** another form of lawful presence (driver's license, birth certificate, passport, or other items listed on the application.) **If a driver's license is used as proof of lawful presence, the name on your license must match the name on your social security card. The name on your application MUST also match the name on your social security card.**
- Provide all required information. Incomplete applications will not be processed. These applications will be:
 - held for **one (1) year** from the date received; and
 - destroyed after **one (1) year**.
- Provide a current e-mail address to ensure prompt notification.
- Advise WSBN of any changes in your address, telephone or email information. Issuance of your license may be delayed without current contact information.
- Provide the following forms of payment: money order, cashier's check, **VISA, MasterCard, or Discover**. There are no refunds for incomplete or withdrawn applications. **WSBN does not accept cash or personal check.**
- Applications must be mailed into the WSBN office, Faxes will not be accepted.

CRIMINAL BACKGROUND CHECK by Division of Criminal Investigation (DCI)

In accordance with Wyoming Statute §§ 33-21-122(c)(xxiv) and 7-19-201, you are required to complete a Criminal Background Check (CBC) before a license or certificate can be issued.

- Obtain fingerprint cards, on your own, through your local law enforcement office. Fingerprints must be on two (2) "blue" FBI cards. You can return these with your completed application and fees;
- Issuance of your permanent license/certificate is dependent upon receipt of CBC results from DCI, which may take 35-55 days. PLAN ACCORDINGLY!
- Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

TEMPORARY PERMITS

- Temporary Permits are **time limited** and **non-renewable**;
- Check the appropriate box under "Temporary Permit" on page 4 of this application. A 90 day Temporary Permits may be issued upon receipt of a complete application, depending on history;
- If you have a **"yes" answer to a discipline history** question on page 8 of this application, your application may be referred to the Application Review Committee and a Temporary Permit may not be issued;
- If you have been issued a Temporary Permit and it is later discovered you **failed to disclose** your discipline history, your Temporary Permit will expire immediately upon WSBN's receipt of notice of this information (i.e., criminal background check reveals arrests/convictions not previously disclosed);
- Graduate Temporary Permits shall EXPIRE immediately upon WSBN's receipt of notice you failed the National Specialty Certifying Examination;
- Provide a letter from the professional (appropriately recognized APRN or licensed physician) who has agreed to supervise your practice as a Graduate APRN. The letter must state understanding of the laws related to the Graduate Temporary Permit and show equivalence between APRN role and supervisor's role/specialty.
- A complete application is required BEFORE a Temporary Permit can be issued. An application is considered "complete," upon receipt of **all** of the following:
 - Application with no blank lines; and
 - Proof of lawful presence; and
 - Official college transcript; and
 - Payment of appropriate fee; and
 - Verification of licensure from state of **original** licensure.
 - Documentation for any "yes" answers to discipline history questions; and
 - Finger Print Cards

APPLICATIONS

- **Licensure/Certification by EXAMINATION:**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Meet qualifications for RN licensure by examination or endorsement;
- Submit fingerprint cards and fees;
- Graduate from a graduate or post-graduate level advanced practice nursing education program;
- Complete a program of study in a role and population focus area of advanced practice registered nursing AND request official college transcript from the graduating institution be sent to WSBN with:
 - ✓ Graduation date; and
 - ✓ Degree or certificate conferred; and
 - ✓ Seal of the graduating institution.
- Successfully pass a national certification examination; National Certification must come directly from the certifying board NOT with your application;

- **Licensure/Certification by ENDORSEMENT.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Meet qualifications for RN licensure by examination or endorsement;
- Must have current/active license in another jurisdiction;
- Submit fingerprint cards and fees;
- Graduate from a graduate or post-graduate level advanced practice nursing education program or has completed an accredited APRN education program prior to January 1, 1999;
- Complete a program of study in a role and population focus area of advanced practice registered nursing AND request official college transcript from the graduating institution be sent to WSBN with:
 - ✓ Graduation date; and
 - ✓ Degree or certificate conferred; and
 - ✓ Seal of the graduating institution;
 - ✓ Successfully pass a national certification examination;
- Successfully pass a national certification examination, National Certification must come directly from the certifying board NOT with your application;
- Meet competency (*See Wyoming State Board of Nursing Rules, Chapter 2, §12*) (<http://soswy.state.wy.us/Rules/RULES/9660.pdf>) .

- **Licensure/Certification by RELICENSURE.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Meet qualifications for RN licensure by examination or endorsement;
- Submit fingerprint cards and fees
- Meet one (1) of the required continued competencies (*See Wyoming State Board of Nursing Rules, Chapter 2, §12*) (<http://soswy.state.wy.us/Rules/RULES/9660.pdf>);
- Submit personal statement, and copies of pertinent court documents, IF you have a “yes” answer to a discipline history question #9, which has not been previously disclosed. IF you have previously disclosed the incident on a prior application, you do not have to resubmit court documents.

Application for APRN License

(Check the appropriate box)

- Examination Endorsement Permit without permanent licensure
- Relicensure (No permit available)

1) TEMPORARY PERMIT

Request for Temporary Permit: Start Date IF needed _____

2) PERSONAL INFORMATION

Social Security # _____ Date of Birth _____ Male/Female _____

Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

(If Different from Above)

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Ethnicity (optional) Check all that apply:

- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other _____
- Black/African American
- Hispanic or Latino
- White/Caucasian
- Unknown

3) LAWFUL PRESENCE

Provide evidence of lawful presence in the U.S. to be granted professional licensure. Provide a **COPY** of your Social Security Card **AND a COPY of one (1) of the following:**

- U.S. Birth Certificate
- U.S. Passport (current)
- U.S. Certificate of Naturalization
- U.S. Certificate of Citizenship
- Permanent Resident Card (i.e.: green card/visa I-551) (current)
- Driver's License (current)
- Other documentation of lawful admittance into the U.S.

4) NON-NURSING EDUCATION (Check your highest level)

- High School Diploma Associate Baccalaureate Master's Doctorate

5) NURSING EDUCATION PROGRAM (Complete for your RN & APRN)

Name of Nursing Program _____

City _____ State: _____ Date Enrolled _____ Date Completed _____
(month/year) (month/year)

Degree Earned _____

Name and location of additional nursing education:

Name of Nursing Program _____

City _____ State: _____ Date Enrolled _____ Date Completed _____
 (month/year) (month/year)

Degree Earned _____

Name of Nursing Program _____

City _____ State: _____ Date Enrolled _____ Date Completed _____
 (month/year) (month/year)

Degree Earned _____

FUNDING

Did you receive funding for your RN education program from Wyoming Workforce Services, a healthcare facility, federal grant or similar funding program? Yes No

6) CONTINUED COMPETENCY (Endorsement/Relicensure applications only)

Continued competency requirements are met by ONE (1) of the following:

- Current national certification as an APRN in the recognized role and population focus area;
- Completion of sixty (60) or more contact hours of continuing education; or
- Completion of four hundred (400) or more hours of practice as an APRN during the last two (2) years.

National Certification:

Name of National Certifying Body	Certificate Expiration Date	Primary Specialty Area(s)

7) PRESCRIPTIVE AUTHORITY

I AM APPLYING FOR PRESCRIPTIVE AUTHORITY BY SUBMITTING:

- ✓ Completed application and fee; and
- ✓ Evidence of completion of coursework or contact hours in pharmacology within the five (5) year period immediately prior to the date of application. See Wyoming State Board of Nursing Rules, Chapter 2, §(B) (I)-(III) (<http://soswy.state.wy.us/Rules/RULES/9660.pdf>)

8) **LICENSURE**

List **ALL** states (including Wyoming) in which you are currently or have been licensed. Attach a separate sheet if necessary.

State	License Type	Legal Name in Which License was Issued	Current Status (Active, Inactive, Expired)	Original State of Licensure
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

9) **NURSING and NON NURSING EMPLOYMENT HISTORY** (for the past five (5) years)

- Begin WITH CURRENT OR MOST RECENT employment,
- Include dates of unemployment, travel, school, homemaker, etc. **Do not leave any period of time unaccounted for** or the application will be returned to you for completion.
- Attach a separate sheet if necessary.

1. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



2. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



3. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

4. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



5. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

Are you currently employed in nursing: <input type="checkbox"/> No <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Retired <input type="checkbox"/> Volunteer	If you are currently employed in nursing check all that apply: <input type="checkbox"/> Acute Care (Hospital) <input type="checkbox"/> Assisted Living <input type="checkbox"/> Case/Disease Management <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Home Health <input type="checkbox"/> Long Term Care (Nursing Home)	<input type="checkbox"/> Nursing Education <input type="checkbox"/> Private Clinic <input type="checkbox"/> Public Clinic <input type="checkbox"/> Public Health <input type="checkbox"/> School Nurse <input type="checkbox"/> State Facility <input type="checkbox"/> Student	<input type="checkbox"/> Telephonic <input type="checkbox"/> Traveling Agency <input type="checkbox"/> Unemployed <input type="checkbox"/> Utilization Review <input type="checkbox"/> Other: _____ _____
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10) VOLUNTEER OPTIONS (You are not required to complete this section)

WYOMING MEDICAL REVIEW PANEL

(Wyoming Residents with at least two (2) years nursing experience):

WYO. STAT. §§ 9-2-1513 through 9-2-1523 created the Medical Review Panel. All malpractice claims against a health care provider must be reviewed by the Medical Review Panel prior to the complaint being filed in any court. The Panel is composed of twelve (12) members. Members are selected by the Attorney General's Office from volunteers.

- YES, I would like to serve on this panel.
- NO, I do not wish to serve on this panel.

WYOMING NURSE ALERT SYSTEM VOLUNTEER REGISTRATION

If you would like to participate in a statewide system that will identify nurses willing to be mobilized to serve as volunteers during time of public health threats, infectious disease outbreaks, biological terrorism, and/or other disasters or emergencies in Wyoming, visit <https://volunteerwave.org/> to enroll.

11) HISTORY INFORMATION

Applicant must:

- Answer every question with absolute and complete truthfulness. If you are in doubt about whether or not to report, you should report it;
- Submit the required documentation for any “yes” answer;
- The Application is INCOMPLETE until all required documentation is received.

1. Has any DISCIPLINARY ACTION been taken or is pending (i.e. open investigation) against your professional license, certificate, or permit from a licensing authority?
 a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
2. Have you ever been DENIED a professional license, certification, or permit?
 a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
3. Have you ever had a professional license, certification, or permit REVOKED or SUSPENDED?
 a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
4. Have you ever VOLUNTARILY SURRENDERED or RELINQUISHED any professional license, certification, or permit during or following an investigation?
 a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
5. Have YOU EVER BEEN INVESTIGATED or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY by the Department of Family Services (DFS) OR Law Enforcement?
 a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
6. In the last five (5) years, have you been diagnosed with or treated for any physical or mental condition that significantly disrupts your motor function, cognition or behavior, and may impair your ability to perform nursing services or duties competently?
 a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
7. In the last five (5) years, have you abused, excessively used, received any treatment for the use of: prescription medication, alcohol, or any other controlled or illicit substance having similar effects or have you tested positive for a controlled substance for which you did not have a valid prescription?"
 a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
8. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?
 a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
9. Have you ever been arrested, convicted, pled guilty to, pled nolo contendere to (no contest), received a deferment, had a record expunged, or have charges pending against you for any crime including felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance? Do not include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.
 a. No Yes If “YES,” provide a Personal Statement and Court Documents including:
 • Information Sheet or Ticket • Judgment and Sentencing • Court Order • Proof the case is closed • Proof of compliance (i.e., Probation Complete / Expunged documents / Classes Attended/Fines Paid/Evaluation Completed)

SIGNATURE REQUIRED: I certify under penalty of perjury and subject to the provisions of Wyo. Stat. Ann. § 6-5-303 and its penalties, I have not knowingly submitted false or misleading information to WSBN on any application for licensure or temporary permit. I understand WSBN reserves the right to verify any information in this application.

Applicant’s Signature: _____ **Date:** _____

**Wyoming State Board of Nursing
130 Hobbs Ave, Suite B, Cheyenne, Wyoming 82002**

VERIFICATION OF LICENSURE

If you are endorsing from another state: Complete the top of this page and forward it to the state in which you were originally licensed **OR** if your original state of licensure participates in **Nursys®** online verification go to www.nursys.com and follow instructions for **Nursys®** registration. There may be fees associated with the verification required on this form. Contact your state of original licensure for fee information.

Last Name: _____ First Name: _____ Middle Initial: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Basic Nursing Education Program: _____ Social Security Number: _____

Name (if different from above): _____ Original License Number: _____

Date Issued _____

I hereby authorize the _____ to furnish to the Wyoming State Board of Nursing the information below. (Name of State Board of Nursing to which form is being sent)

Date: _____ Signature: _____

LICENSING AGENCY:

This is to certify the above-named individual was issued license number: _____

Date of Issuance: _____ To Practice: Advanced Practice Registered Nursing

IF YES TO ANY OF THESE QUESTIONS, PLEASE ATTACH EXPLANATION.

Has this license ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)?

Yes No

Under current investigation?

Yes No

Action Pending?

Yes No

	Current License Status
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
Name of Nursing Education Program Completed:	Year of Graduation:
Location (City and State)	
SEAL	Signature: _____
	Title: _____
	State: _____
	Date: _____
TO THE BOARD: Please return this form directly to the Wyoming State Board of Nursing for individual requesting licensure in Wyoming	

