



## APPLICATION FOR Prescriptive Authority or Additional Certification

**\*All licenses expire December 31 of every EVEN year\***

**In order to apply, you must be currently recognized as an Advanced Practice Registered Nurse and meet the following Wyoming Board of Nursing requirements:**

Social Security Number:		License Number:	
Last Name:	First Name:	Middle Name:	Maiden Name:
Mailing Address where you would like all mail from the WSBN to be delivered (Include City, State and Zip Code):			
Phone Number:	Work Phone:	E-Mail Address:	

**I AM APPLYING FOR PRESCRIPTIVE AUTHORITY BY SUBMITTING:**

**1. EDUCATION IN PHARMACOLOGY & CLINICAL MANAGEMENT OF DRUG THERAPY OR PHARMACOTHERAPEUTICS**

Enclose with application evidence of having completed 30 contact hours of education within the five year period immediately before the date of application.

**2. FEE**

Enclose with application a \$70.00 fee for prescriptive authority, payable by certified check, money order, VISA or MasterCard. Credit card payments carry a mandatory processing fee of \$5.00. No personal checks or cash accepted.

**I AM APPLYING FOR AN ADDITIONAL CERTIFICATION BY SUBMITTING:**

**1. Formal APRN Educational Program:** Request an official transcript to be sent directly to WSBN from your Advanced Practitioner Program verifying date of completion.

**National Certification:** Please have the National Certifying Board e-mail a current certification/re-certification document with application.

**2. FEE**

Enclose with application a \$70.00 fee for additional certification, payable by certified check, money order, VISA or MasterCard. Credit card payments carry a mandatory processing fee of \$5.00. No personal checks or cash accepted.

**SIGNATURE REQUIRED**

Knowingly submitting false or misleading information to the Wyoming State Board of Nursing or any application for licensure or temporary permit may be cause for denial, revocation or suspension of licensure or temporary permit in accordance with WS 33-21-146(a)(iii)(E).

I hereby affirm and verify that the statements made on this application are complete and factually correct and I have not withheld any information that might affect this application.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FEEES**

(All fees are non-refundable and subject to change)

You must include payment (**Cashier's Check, Money Order, VISA, MasterCard or Discover**) with your application.

**WSBN CANNOT ACCEPT PERSONAL CHECKS OR CASH.**



Name of Applicant (PLEASE PRINT):

	Cost	Amount
Prescriptive Authority Fee	\$ 70.00	\$
Additional Recognition Fee	\$ 70.00	\$
<b>Processing fee if paying by VISA, MasterCard or Discover</b> (automatically assessed)	<b>\$ 5.00</b>	<b>\$ 5.00</b>
<b>TOTAL amount due:</b>		

Name, Address, and Phone Number of Individual Paying (PLEASE PRINT):  
Party Paying

Licensee Paying  Third Party Paying

<input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <input type="checkbox"/> Discover	Card Number and Three Digit Security Code (on back of card): <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> Security Code: <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date:
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**NOTE: Depending on office volume, requests could take up to 14 business days to process, providing application/request is COMPLETE.**

By signing below, I authorize the Board of Nursing to charge my credit card for the total amount indicated above.

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

Please help us to provide you with speedy customer service; review your application one more time to make sure you have submitted all the required documents and correct payment amount.

**RETURN YOUR COMPLETE APPLICATION AND PAYMENT TO:**

Wyoming State Board of Nursing  
130 Hobbs Avenue – Suite B  
Cheyenne, WY 82002