



Wyoming State Board of Nursing

Month:

Year:

AGENDA ITEM TITLE: _____

Requested By: _____ Presented By: _____

Check the Appropriate Box(es):

- | | |
|---|--|
| <input type="checkbox"/> Practice | <input type="checkbox"/> Licensure |
| <input type="checkbox"/> Education | <input type="checkbox"/> Compliance and Discipline |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Nurse Monitoring Program |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Information Only |
| <input type="checkbox"/> Work Session | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other | <input type="checkbox"/> Fiscal |
| <input type="checkbox"/> Specify: _____ | |
| <input type="checkbox"/> Attachment(s) | |

Background and Policy Context of Issue:

Why this Item is before the Board:

Committee/Executive Director Recommendation:

Action Required at this Board Meeting: