

Wyoming State Board of Nursing
130 Hobbs Ave, Suite B, Cheyenne, Wyoming 82002
VERIFICATION OF CERTIFICATION

If you are endorsing from another state: Complete the top of this page and forward it to the state in which you were originally certified. There may be fees associated with the verification required on this form. Contact your state of original certification for fee information before forwarding this form to them for completion.

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

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

Certification Course/Program: _____ Social Security Number: _____

Name: _____ 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: _____

CERTIFYING AGENCY:

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

Date of Issuance: _____ Date Certificate Expires: _____

Certified by:
 Examination Endorsement Waiver Deeming Other (Specify) _____

Current Certification Status: Active Lapsed

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

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

Yes No

Under current investigation?

Yes No

Action Pending?

Yes No

Name of Nursing Assistant Education Program :	Date Completed:	Met OBRA Guidelines: APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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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