

**FEEES**

(subject to change)

**COMPLETE BOTTOM PORTION AND RETURN IF PAYING BY VISA MASTERCARD, OR DISCOVER**

WE ACCEPT MONEY ORDERS

, CASHIER CHECKS, & DEBIT/CREDIT CARDS.

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



Name of Licensee/Applicant (PLEASE PRINT):

<b>If checked, enter cost in "Amount" Column</b>	<b>Cost</b>	<b>Amount</b>
<input type="checkbox"/> Mandatory Criminal Background check	\$ 60.00	
<input type="checkbox"/> Verification of license/certificate from Wyoming to another state or third party – (CNA and APRN only)	\$ 40.00	
<input type="checkbox"/> Name Change Request	\$ 20.00	
<input type="checkbox"/> Insufficient Fund Check Fee	\$ 35.00	
<input type="checkbox"/> Mailing List Request	From List	
<b>MANDATORY credit card processing fee</b>	<b>\$ 5.00</b>	<b>\$ 5.00</b>
<b>TOTAL amount to pay:</b>		

Name, Address, and Phone Number of Individual Paying (PLEASE PRINT):  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): <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"/> <input type="text"/> 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 request is complete.**

By signing below, I authorize the Board of Nursing to debit my credit card for the total amount indicated above.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_