



Wyoming State Board of Nursing
130 Hobbs Ave Suite B, Cheyenne, WY 82002
VERIFICATION FOR ANOTHER STATE

VERIFICATION FOR ANOTHER STATE: Complete this form and mail to the Wyoming State Board of Nursing. **There is a \$40.00 dollar verification fee, payable by Credit Card**

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

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

Social Security Number: _____ Certificate/License Number: _____

Please Mail Verification To:

Requesting State _____

Address _____

City _____ State _____ Zip Code _____

License/Certificate Number: _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Card Number and Three Digit Security Code (on back of card): □□□□-□□□□-□□□□-□□□□ Security Code : □□□	<u>Expiration Date:</u> _____ <u>Total \$</u> _____
	Mandatory processing fee of \$5.00	
	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 WSBN to charge my credit card for the total amount indicated above.

Signature: _____ **Date:** _____