

**Wyoming State Board of Nursing**  
**130 Hobbs Ave, Suite B, Cheyenne, Wyoming 82002**

**VERIFICATION OF LICENSURE**

**If you are endorsing from another state:** Complete the top of this page and forward it to the state in which you were originally licensed **OR** if your original state of licensure participates in Nursys® online verification go to [www.nursys.com](http://www.nursys.com) and follow instructions for Nursys® registration. There may be fees associated with the verification required on this form. Contact your state of original licensure for fee information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Basic Nursing Education Program: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name (if different from above): \_\_\_\_\_ 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: \_\_\_\_\_

<b>LICENSING AGENCY:</b> This is to certify the above-named individual was issued license number: _____	
Date of Issuance: _____	To Practice: <input type="checkbox"/> Registered Nursing
IF YES TO ANY OF THESE QUESTIONS, PLEASE ATTACH EXPLANATION.	
Has this license ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under current investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Examination Results</b> <input type="checkbox"/> NCLEX-RN <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Current License Status</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
<b>Number of times examination written:</b>	<b>Year of Graduation:</b>
Name of Nursing Education Program Completed:	
Location (City and State)	
SEAL	<b>Signature:</b> _____
	<b>Title:</b> _____
	<b>State:</b> _____
	<b>Date:</b> _____
<b>TO THE BOARD:</b> Please return this form directly to the Wyoming State Board of Nursing for individual requesting licensure in Wyoming	