



APPLICATION FOR
**WYOMING LICENSED REGISTERED NURSE
 (RN)**

All licenses expire December 31 of every EVEN year

This is a **Legal Document**. By completing and signing this document, you certify, under penalty of perjury and subject to the provisions of Wyoming Statute § 6-5-303, and its penalties, you have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing (WSBN) on any application for licensure/certification or temporary permit.

WSBN no longer issues paper copies of licenses, certificates, or temporary permits. Verifications are available on-line at "License Verification" (<https://nursing-online.state.wy.us/Verifications.aspx>).

INSTRUCTIONS AND GENERAL INFORMATION: (Keep a copy of the completed application for your records)

Thank you for applying to WSBN. The following instructions are guidelines for completing the application. Contact the Board office, 307-777-7601, with any questions. We will be happy to assist you!

Multistate Licensure

WSBN enacted the enhanced Nurse Licensure Compact (eNLC) which became effective January 19, 2018. All RN applications received by WSBN on or after the effective date will receive a multistate license if the applicant meets the eNLC Uniform Licensure Requirements (ULR) per W.S.33-21-202 Article III (c)(i-ix). If the applicant does not meet the ULRs, a single state Wyoming license may be issued.

You may hold only **ONE** multistate license, issued from the state where you reside.

Applicant must:

- Allow 45 – 60 days for issuance of a permanent license.
- Be a permanent resident of Wyoming to obtain a multistate license issued by Wyoming.
- Complete the application. Type your information into the fillable PDF document and print the application; or print the application and complete neatly in INK. **DO NOT LEAVE ANY BLANKS**, if a section is not applicable, indicate "NA" on the line/section. An application with blank lines will be considered incomplete.
- Provide a copy of your social security card **AND** another form of lawful presence (driver's license, birth certificate, passport, or other items listed on the application.) **If a driver's license is used as proof of lawful presence, the name on your license must match the name on your social security card. The name on your application MUST also match the name on your social security card.**
- Provide all required information. Incomplete applications will not be processed. These applications will be:
 - held for **one (1) year** from the date received; and
 - destroyed after **one (1) year**, requiring submission of a new application and fees.

- Provide a current e-mail address, mailing address and phone number to ensure prompt notification. Issuance of your license may be delayed if we do not have current contact information.
- Provide the following forms of payment: money order, cashier's check, **VISA, MasterCard, or Discover**. There are no refunds for incomplete or withdrawn applications. **WSBN does not accept cash or personal check.**
- Mail the application and associated documents to the WSBN office. Faxes will not be accepted.

CRIMINAL BACKGROUND CHECK by Division of Criminal Investigation (DCI)

In accordance with Wyoming Statute §§ 33-21-122(c)(xxiv) and 7-19-201, you are required to complete a Criminal Background Check (CBC) before a license or certificate can be issued. Fingerprints are used for the CBC.

- Obtain fingerprint card at your local law enforcement agency. Fingerprints must be on two (2) "blue" FBI cards. Return these with your completed application and fees.
- Issuance of your permanent license/certificate is dependent upon receipt of CBC results from DCI. **PLAN ACCORDINGLY!**
- Procedures for obtaining a change, correction, or updating an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

TEMPORARY PERMITS

Temporary Permits are issued as a **“single state” Temporary Permit**, meaning you **can only practice nursing in Wyoming** on your Temporary Permit.

Temporary Permits are also **time limited** and **non-renewable**. When your permanent license is issued, your temporary permit will be deactivated. Temporary multistate permits **CAN NOT** be issued.

Applicant must:

- Check the appropriate box under “Temporary Permit” on page 4 of this application. Temporary Permits may be issued upon receipt of a complete application, depending on history;
- Answer each HISTORY INFORMATION question. If you have a **“yes” answer to a discipline history** question on page 8 of this application, your application may be referred to the Application Review Committee and a Temporary Permit may not be issued;
- Disclose ALL history information. If you have been issued a Temporary Permit and it is later discovered you **failed to disclose** your discipline history, your Temporary Permit will expire immediately (ie your CBC reveals arrests/convictions not previously disclosed). Your application may then be referred to the Application Review Committee.

- Successfully pass the national graduate exam. Graduate Temporary Permits shall EXPIRE immediately upon WSBN’s receipt of notice you failed the National Council Licensure Examination (NCLEX);
- Submit a complete application BEFORE a Temporary Permit will be issued. An application is considered “complete,” upon receipt of **all** of the following:
 - Application with no blank lines; and
 - Proof of lawful presence; and
 - Official college transcript; and
 - Payment of appropriate fee; and
 - Documentation for any “yes” answers to discipline history questions; and
 - Verification of licensure from state of **original** licensure.

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APPLICATION process by licensure type

- **Licensure by EXAMINATION:**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards and fees;
- Graduate from a state Board-approved nursing education program;
- Request official college transcript from the graduating institution be sent to WSBN with:
 - ✓ Graduation date; and
 - ✓ Degree or certificate conferred; and
 - ✓ Seal of the graduating institution.
- **Register to take the NCLEX.** NCLEX information and step-by-step directions for registration are available at:
 - National Council of State Boards of Nursing's (NCSBN's) website (www.ncsbn.org): or
 - Pearson VUE website (<http://www.pearsonvue.com/nclex/>).
- **Applicant must:**
 - ✓ Register with Pearson VUE to receive Authorization to Test (ATT) letter;
 - ✓ Identify special testing accommodation needs by providing the following:
 - Letter requesting the accommodations, the reason for the accommodations and the type of accommodation requested;
 - Written report/evaluation from a qualified professional with the disability diagnosis and recommended accommodations; and
 - Written statement from your nursing education program's disability/academic support services office identifying the accommodations provided during your nursing education.

- **Licensure by ENDORSEMENT.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards and fees;
- Graduate from a state Board-approved nursing education program;
- Must have a current/active license in another jurisdiction;
- Meet one (1) of the required continued competencies;
- Submit verification from your original state of licensure
 - ✓ NURSYS.com; or
 - ✓ Contact your original state if that state is not a participant in NURSYS.
- Request official college transcript from the graduating institution be sent to WSBN with:
 - ✓ Graduation date; and
 - ✓ Degree or certificate conferred; and
 - ✓ Seal of the graduating institution.

- **Licensure by RELICENSURE.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards, fees;
- Meet one (1) of the required continued competencies;

Application for RN License

(Check the appropriate box)

Examination Endorsement Relicensure (No permit available)

Reactivation (No permit available)

1) **TEMPORARY PERMIT**

Request for Temporary Permit: Start Date if needed _____
(Issued for Single State only. No temporary multistate permit will be issued)

2) **PERSONAL INFORMATION**

Social Security # _____ Date of Birth _____ Male/Female _____

Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Ethnicity (optional) Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unknown |

3) **LAWFUL PRESENCE**

Provide evidence of lawful presence in the U.S. to be granted professional licensure. Provide a **COPY** of your U.S. Social Security Card **AND a COPY of one (1) of the following:**

- | | |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> Permanent Resident Card (i.e.: green card/visa I-551) (current) |
| <input type="checkbox"/> U.S. Passport (current) | <input type="checkbox"/> Driver's License (current) |
| <input type="checkbox"/> U.S. Certificate of Naturalization | <input type="checkbox"/> Other documentation of lawful admittance into the U.S. |
| <input type="checkbox"/> U.S. Certificate of Citizenship | |

4) **NON-NURSING EDUCATION** (Check your highest level)

High School Diploma Associate Baccalaureate Master's Doctorate

5) **NURSING EDUCATION PROGRAM** (Complete for your initial RN)

Name of Nursing Program _____

City _____ State: _____ Date Enrolled _____ Date Completed _____
(month/year) (month/year)

Degree Earned _____

Name and location of additional nursing education:**Name of Nursing Program** _____City _____ State: _____ Date Enrolled _____ Date Completed _____
(month/year) (month/year)

Degree Earned _____

Name of Nursing Program _____City _____ State: _____ Date Enrolled _____ Date Completed _____
(month/year) (month/year)

Degree Earned _____

FUNDINGDid you receive funding for your RN education program from Wyoming Workforce Services, a healthcare facility, federal grant or similar funding program? Yes No**6) CONTINUED COMPETENCY (Endorsement/Relicensure applications only)**

An RN shall demonstrate competency by completing ONE (1) of the following in the past two (2) years (waived during first renewal period if you were licensed by exam):

- Four hundred (400) hours of employment in the practice of nursing; **or**
- Two hundred (200) hours of employment in the practice of nursing AND fifteen (15) hours of education that provide learning activities related to nursing practice; **or**
- Thirty (30) hours of education that provides learning activities related to nursing practice.

If the applicant has not practiced nursing during the last five (5) years, the applicant shall have:

- Successfully completed a RN refresher course or equivalent, accepted by the Board; **or**
- Successfully completed a nursing education program which confers a degree beyond the licensee's basic nursing education; **or**
- Obtained certification by a nationally recognized professional accrediting agency in a specialty area of nursing that is accepted by the Board; **or**
- Successfully passed NCLEX.

7) **LICENSURE**

List **ALL** states (including Wyoming) in which you are currently or have been licensed. Attach a separate sheet if necessary.

State	License Type	Legal Name in Which License was Issued	Current Status (Active, Inactive, Expired)	Original State of Licensure
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

8) **NURSING EMPLOYMENT HISTORY** (for the past five (5) years)

- Begin WITH CURRENT OR MOST RECENT employment
- If employed as a traveling nurse, please list the agency from which you have or are accepting assignments/employment. **DO NOT** list individual travel assignments.

1. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



2. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



3. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

<p>Are you currently employed in nursing:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Volunteer</p>	<p>If you are currently employed in nursing check all that apply:</p> <p><input type="checkbox"/> Acute Care (Hospital)</p> <p><input type="checkbox"/> Assisted Living</p> <p><input type="checkbox"/> Case/Disease Management</p> <p><input type="checkbox"/> Doctor's Office</p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Long Term Care (Nursing Home)</p>	<p><input type="checkbox"/> Nursing Education</p> <p><input type="checkbox"/> Private Clinic</p> <p><input type="checkbox"/> Public Clinic</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> School Nurse</p> <p><input type="checkbox"/> State Facility</p> <p><input type="checkbox"/> Student</p>	<p><input type="checkbox"/> Telephonic</p> <p><input type="checkbox"/> Traveling Agency</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Utilization Review</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>
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9) VOLUNTEER OPTIONS (You are not required to complete this section)

WYOMING MEDICAL REVIEW PANEL

(Wyoming Residents with at least two (2) years nursing experience):

WYO. STAT. §§9-2-1513 through 9-2-1523 created the Medical Review Panel. All malpractice claims against a health care provider must be reviewed by the Medical Review Panel prior to the complaint being filed in any court. The Panel is composed of twelve (12) members. Members are selected by the Attorney General's Office from volunteers.

- YES, I would like to serve on this panel.
- NO, I do not wish to serve on this panel.

WYOMING NURSE ALERT SYSTEM VOLUNTEER REGISTRATION

If you would like to participate in a statewide system that will identify nurses willing to be mobilized to serve as volunteers during time of public health threats, infectious disease outbreaks, biological terrorism, and/or other disasters or emergencies in Wyoming, visit <https://vol.wyoming.gov/VolunteerMobilizer/> to enroll.

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10) HISTORY/RESIDENCY INFORMATION

Applicant must:

- Answer each question with absolute and complete truthfulness. If you are in doubt about whether or not to report, you should report it;
 - Submit the required documentation for any “yes” answer; the Application is INCOMPLETE until all required documentation is received.
1. Has any DISCIPLINARY ACTION been taken or is pending (i.e. open investigation) against your professional license, certificate, or permit from a licensing authority?
 - a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
 2. Have you ever been DENIED a professional license, certification, or permit?
 - a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
 3. Have you ever had a professional license, certification, or permit REVOKED or SUSPENDED?
 - a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
 4. Have you ever VOLUNTARILY SURRENDERED or RELINQUISHED any professional license, certification, or permit during or following an investigation?
 - a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
 5. Have YOU EVER BEEN INVESTIGATED or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY by the Department of Family Services (DFS) OR Law Enforcement?
 - a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
 6. In the last five (5) years, have you been diagnosed with or treated for any physical or mental condition that significantly disrupts your motor function, cognition or behavior, and may impair your ability to perform nursing services or duties competently?
 - a. No Yes If “YES,” provide: Personal Statement Statement from your provider.
 7. In the last five (5) years, have you abused, excessively used, received any treatment for the use of: prescription medication, alcohol, or any other controlled or illicit substance having similar effects or have you tested positive for a controlled substance for which you did not have a valid prescription?
 - a. No Yes If “YES,” provide: Personal Statement Statement from your provider
 8. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?
 - a. No Yes If “YES,” provide: Personal Statement Statement from your provider
 9. Have you **EVER** been arrested, convicted, pled guilty to, pled nolo contendere to (no contest), received a deferment, had a record expunged, or have charges pending against you for any crime including felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance? Do not include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.
 - a. No Yes If “YES,” provide a Personal Statement and Court Documents including:
 - Information Sheet or Ticket • Judgment and Sentencing • Court Order • Proof the case is closed • Proof of compliance (i.e., Probation Complete / Expunged documents / Classes Attended/Fines Paid/Evaluation Completed)
 10. Are you currently enrolled in an “Alternative to Discipline” program?
 - a. No Yes If “Yes”, provide a personal statement with the start date, state where the program is located and program contact information.
 11. Is Wyoming your primary state of residence? (Primary State of Residence is your permanent and principal home for legal purposes)
 - a. No Yes

SIGNATURE REQUIRED: I certify under penalty of perjury and subject to the provisions of Wyo. Stat. Ann. § 6-5-303 and its penalties, I have not knowingly submitted false or misleading information to WSBN on any application for licensure or temporary permit. I understand WSBN reserves the right to verify any information in this application.

Applicant’s Signature: _____ Date: _____

**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 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: _____

LICENSING AGENCY:

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

Date of Issuance: _____ To Practice: 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)?

Yes No

Under current investigation?

Yes No

Action Pending?

Yes No

Examination Results NCLEX-RN Pass Fail

Current License Status

Active Inactive Lapsed

Number of times examination written:

Name of Nursing Education Program Completed:

Year of Graduation:

Location (City and State)

Signature: _____

Title: _____

State: _____

Date: _____

SEAL

TO THE BOARD: Please return this form directly to the Wyoming State Board of Nursing for individual requesting licensure in Wyoming

FEEES

(All fees are non-refundable and subject to change)

You must include payment (Cashier's Check, Money Order, VISA, MasterCard or Discover) with your application.

WSBN CANNOT ACCEPT PERSONAL CHECKS OR CASH.

Name of Applicant (PLEASE PRINT):

If checked, enter cost in "Amount" Column	Cost	Amount
<input type="checkbox"/> Criminal Background Check/Fingerprint Cards (mandatory)	\$ 60.00	\$
<input type="checkbox"/> Temporary Permit Processing Fee	\$ 25.00	\$
<input type="checkbox"/> RN Examination Fee	\$ 130.00	\$
<input type="checkbox"/> RN Endorsement Fee	\$ 135.00	\$
<input type="checkbox"/> RN Relicensure Fee	\$ 135.00	\$
<input type="checkbox"/> RN Reactivation Fee (Applies ONLY to Individuals currently designated as Inactive Status)	\$ 110.00	\$
<input type="checkbox"/> Processing fee if paying by VISA, MasterCard or Discover (automatically assessed)	\$ 5.00	\$
TOTAL amount due:		

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): [][][][] - [][][] - [][][][] - [][][][] Security Code: [][][]	Expiration Date:
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NOTE: Depending on office volume, requests may take up to fourteen (14) business days to process, providing application/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: _____

Please help us provide you with prompt customer service by reviewing your application one more time to ensure you have submitted all the required documents and correct payment amount.

Thank you for applying with the Wyoming State Board of Nursing! We look forward to having you join us in fulfilling our mission to serve and safeguard the people of Wyoming through the regulation of nursing education and practice.