



APPLICATION FOR
**WYOMING REGISTERED NURSE (RN) or
LICENSED PRACTICAL NURSE (LPN)**
By **EXAMINATION**

All licenses expire December 31 of every EVEN year

This is a Legal Document. By completing and signing this, you certify under penalty of perjury and subject to the provisions of W.S. 6-5-303 and its penalties, that you have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing on any application for licensure or temporary permit.

INSTRUCTIONS AND GENERAL INFORMATION: (Keep a copy for your records)

Thank you for applying to the Wyoming State Board of Nursing (WSBN). We look forward to welcoming you to your new profession! In order to process your application quickly, please follow these instructions. Contact our office with any questions. We will be happy to assist you!

- Complete Application. If you choose not to type in the document, please print neatly in INK.
- You must provide all required information or your application is incomplete. WSBN will hold incomplete applications for one year from the date received.
- For faster notification of your application status, provide an accurate e-mail address.
- There are no refunds for incomplete or withdrawn applications.
- **WSBN is paperless. All licenses, certificates & temporary permits will be available for verification on-line at <http://nursing.state.wy.us/>.**

Examination Registration:

This application is for RN or LPN licensure only. NCLEX® information and step-by-step directions for registration are available in the NCLEX® Candidate Bulletin which can be downloaded from the National Council of State Boards of Nursing (NCSBN) public website www.ncsbn.org or the PearsonVUE website <http://www.pearsonvue.com/nclex/>.

You must register with PearsonVUE in order to receive your Authorization to Test (ATT).

Requirements:

- Be a graduate from any state board-approved nursing education program ;
- Have committed no acts which are grounds for disciplinary action (W.S. 33-21-146), or if you have committed acts, provide adequate documentation for the board to review your case;

Testing (Special) Accommodations

- NCLEX candidates may request special accommodations for taking the NCLEX examination.
 - Provide a letter requesting the accommodations, the reasons for the accommodation, and what accommodations are requested
 - Provide a written report or evaluation from a qualified professional stating the diagnosis of the disability and the recommended specific accommodations
 - Provide a written statement from your school of nursing's disability/academic support services office explaining what accommodations were provided during the period of your nursing education

Temporary Permits:

WSBN *may* issue a non-renewable graduate temporary permit (not to exceed 90 days) if:

1. You have submitted a complete application and payment;
2. Official transcript is received with application; and
3. You check the appropriate box on this application.
4. Please be advised ANY Failure to Disclose requested information will result in the automatic expiration of a temporary permit.

Graduate temporary permits are **issued within in 24-48 hours** of receiving a **complete** application. The WSBN is a paperless issuing board and all Licenses, Certifications and Temporary Permits are verifiable on-line. Please be sure to check the On-Line Verification link on our website **before** calling to check the status of your GNA permit.

Criminal Background Check:

In accordance with Wyoming Statutes, WSBN requires to criminal background checks before we can issue a license or certificate, even if you had a background check in the past.

Fingerprint cards will be sent to you once your application and fees are received by WSBN; **or you may send two (2) FBI "blue" completed fingerprint cards with your application.** The WSBN must receive the criminal background check (CBC) from DCI before your permanent license is issued. Processing time is 35 – 55 days, it is very important that you submit the cards as soon as possible.

Processing time of Applications

Once your application is received, the processing time is 14 – 20 days. If your application is complete we will make you eligible to receive your ATT; however you must be registered with Pearson Vue. Pearson Vue sends the ATT to you by email if you provided an email address.

After you take the NCLEX

Processing time for **results is 5 – 7 days.** The WSBN will notify you by **email** of your NCLEX results. Please check the on-line verification link on our website, to see if your license has been issued. The On-line Verification is real time, and issued licenses show up as soon as we issue them in our office. **Remember, we cannot issue your license until the Criminal Background Check is received. The processing time is 35 - 55 days from the date fingerprint cards are received.**

What you need to get started: (Check off items as you complete them)

_____ **Register with Pearson VUE in order to be granted eligibility take your NCLEX examination.**

_____ A copy of your social security card AND another form of lawful presence (driver's license, birth certificate, passport, or other item listed in application, page 5). **If you use your driver's license as proof of lawful presence, it must have the same name as your social security card.**

_____ A form of payment WSNB accepts (money order, cashier's check, VISA, MasterCard or Discover, page 4);

_____ You **must include your official transcripts** from the graduating institution, indicating date of graduation, type of degree or certificate conferred and displaying the seal of the governing institution;

_____ **Fingerprint cards will be sent to you once your application and fees are received** and mail completed cards directly to the processing agency in the pre-addressed envelope. **Or you may send two (2) FBI "blue" completed fingerprint cards with your application.**

Please advise us of any address changes, immediately.

_____ Testing (Special) Accommodation documentation for NCLEX examination (if applicable)

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):

	Cost	Amount
Criminal Background Check/Fingerprint Cards (mandatory)	\$ 60.00	\$ 60.00
RN Application Fee	\$ 130.00	\$
LPN Application Fee	\$ 130.00	\$
<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):	Expiration Date:
	<div style="text-align: center;"> <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"/> </div> Security Code: <input type="text"/> <input type="text"/> <input type="text"/>	

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 the Board of Nursing to debit my credit card for the total amount indicated above.

Signature: _____ Date: _____

Please help us to provide you with speedy customer service; review your application one more time to make sure you have submitted all the required documents, including a copy of your transcripts and correct payment amount.

Thank you for applying for a Practical or Registered Nurse License 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.

RETURN YOUR COMPLETE APPLICATION AND PAYMENT PAYABLE TO:

Wyoming State Board of Nursing
130 Hobbs Avenue – Suite B
Cheyenne, WY 82002

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The payment page must be printed single sided.

Complete this application ONLY if you are seeking licensure by EXAMINATION

I am applying for a graduate temporary permit and have included 1) a complete application 2) official transcripts and 3) payment. Graduate temporary permits are good for 90 days from date of issue and will be issued upon processing unless a specific start date is provided. Graduate temporary permits shall become invalid if you fail to pass the NCLEX-RN or NCLEX-PN.

Requested start date: _____

1) Check the box that best describes you:

Registered Nurse Licensure by Examination

Licensed Practical Nurse by Examination

I require testing accommodations and am providing the required documentation: No Yes

2) Personal Information:

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

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

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ E-mail address _____

3) Lawful Presence: (Described in instructions, page 1)

You must provide evidence of your lawful presence in the U.S. to be granted professional licensure. **Please provide a copy of your Social Security Card and one of the following:**

- | | |
|--|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> INS Form I-551 (commonly known as a "green card/visa") Exp. Date: _____ |
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Other documentation that shows lawful admittance into the United States |
| <input type="checkbox"/> Certificate of Citizenship | |

4) Check your highest NON-NURSING education

- High School Diploma Associate Degree Baccalaureate Degree Master's Degree Doctorate Degree

5) Name and Location of Nursing Education Program completed for your RN or LPN:

Name of nursing program: _____ City and State: _____

Date Enrolled _____ Date Completed _____ Degree Earned: _____
(month and year) (month and year)

Did you receive funding for your RN/LPN education program from Wyoming by Workforce Services, a healthcare facility, federal grant or similar funding program? Yes No

6) Licensure:

List ALL states, beginning with your original state of licensure in which you are currently or EVER have been licensed as a nurse, or certified as a nursing assistant. Provide the license/certificate number for each entry. Provide your name as it appears on any license/certificate issued. Attach a separate sheet if necessary.

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

7) Employment:

FIVE YEAR EMPLOYMENT HISTORY, STARTING WITH CURRENT OR MOST RECENT

- **Employment information must be complete.** Attach a separate sheet if necessary.
- Include dates of unemployment, travel, school, homemaker, etc. **Do not leave any period of time unaccounted for or the application will be returned to you for completion.**

1. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

2. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

3. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

Applicant Name: _____

4. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

5. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

IF YOU NEED MORE ROOM TO COMPLETE YOUR FIVE YEAR EMPLOYMENT HISTORY, PLEASE ATTACH A SEPARATE SHEET

<p>Are you currently employed in nursing:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Unemployed</p>	<p>If you are currently employed in nursing check all that apply:</p> <table><tr><td><input type="checkbox"/> Acute Care (Hospital)</td><td><input type="checkbox"/> Nursing Education</td><td><input type="checkbox"/> Telephonic</td></tr><tr><td><input type="checkbox"/> Assisted Living</td><td><input type="checkbox"/> Private Clinic</td><td><input type="checkbox"/> Traveling Agency</td></tr><tr><td><input type="checkbox"/> Case/Disease Management</td><td><input type="checkbox"/> Public Clinic</td><td><input type="checkbox"/> Utilization Review</td></tr><tr><td><input type="checkbox"/> Doctor's Office</td><td><input type="checkbox"/> Public Health</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Home Health</td><td><input type="checkbox"/> School Nurse</td><td></td></tr><tr><td><input type="checkbox"/> Long Term Care (Nursing Home)</td><td><input type="checkbox"/> State Facility</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Student</td><td></td></tr></table>	<input type="checkbox"/> Acute Care (Hospital)	<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Telephonic	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Traveling Agency	<input type="checkbox"/> Case/Disease Management	<input type="checkbox"/> Public Clinic	<input type="checkbox"/> Utilization Review	<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Public Health	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Home Health	<input type="checkbox"/> School Nurse		<input type="checkbox"/> Long Term Care (Nursing Home)	<input type="checkbox"/> State Facility			<input type="checkbox"/> Student	
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<input type="checkbox"/> Long Term Care (Nursing Home)	<input type="checkbox"/> State Facility																					
	<input type="checkbox"/> Student																					

8) VOLUNTEER OPTIONS (You are not required to complete this section):

WYOMING NURSE ALERT SYSTEM VOLUNTEER REGISTRATION

I 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 complete your registration.

9) History Information:

General Information:

- Wyoming Law does not have a time limit on disclosures of past convictions.
- Every application is reviewed on an individual basis.
- Fingerprints / Background Check reveal:
 - All charges in all states regardless of your age at time of offense
 - Any charges (even charges you were told were dismissed or expunged)
- The Licensing Department performs the investigation & assembles materials/information to send to Application Review Committee (ARC). Members of the ARC review all materials, ask for more information if needed and make the decision.
- The ARC considers the following:
 - Passage of time – how recent the crime(s) took place;
 - Repeated, habitual crimes;
 - Felony versus misdemeanor (although the nature of the crime is the primary consideration);
 - Compliance with the court orders (probation, payment of fines, attendance at anger management or driving classes, evaluations, etc.);
 - Results of evaluations (substance abuse evaluations, anger evaluations, etc.)
 - How the crime relates to nursing practice and public safety (for example, a history of domestic violence may be considered a risk for harming a vulnerable patient); and
- All requirements imposed from discipline from other State Boards of Nursing against your license/certification must be completed before applying to WSNB.
- It takes a significantly longer period of time to process your application if you have disclosed a discipline/compliance issue. It takes even longer if you have failed to disclose and the issue is revealed through your criminal background check.

Court Documents:

- The ARC requires all court documents from the beginning of the arrest to the final disposition of your case, even if the charge(s) was pled down to a lesser charge, deferred, dismissed, etc. Failing to provide complete documentation only delays the process.
- The ARC requires the following court documents:
 - Charging document; sometimes called the information sheet;
 - Judgment and Sentencing;
 - Proof and compliance with the court orders:
 1. Court fines were paid;
 2. Probation completed without problems; **if you are currently on probation e-mail wsbn-info-licensing@wyo.gov and provide your contact information, we will contact you to discuss your individual situation;**
 3. Classes attended; and
 4. Evaluations completed and subsequent action on that evaluation.
- If you submitted all court documents when you were certified as a CNA or licensed as a LPN, you need only provide a personal statement.

Personal Statement (a SIGNED statement in your own words):

- A good personal statement describes:
 - The month and year of the incident
 - Legal or court action taken against you
 - What you have learned
 - How you will assure the ARC that this type of behavior will not happen again
 - Full description of the incident
 - Treatment and outcome of treatment if applicable (i.e. mental health, substance abuse, etc.)
 - How you have changed, specifically, what changes have you made in your behavior and decision-making as a result of your criminal past
 - Signature and Date
- Do not simply list out the charges; this will be rejected by the ARC and cause significant delays and may result in the ARC not granting a certificate /license.
- Please visit the discipline tab on our website at: <http://nursing.state.wy.us> for an example of a personal statement that meets the elements required by the ARC.

Applicant Name: _____

All questions must be answered by the applicant. If you fail to answer each and every question and provide necessary documentation for any “Yes” answer the processing of your application will be significantly delayed. Your application is **INCOMPLETE** until all required documentation is received.

1. Has any disciplinary action been taken or is pending (i.e. open investigation) against you from a LICENSING AUTHORITY?
 No Yes If “YES”, provide:
 - Personal Statement
 - Documentation of disciplinary action

2. Have you ever been investigated or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY?
 No Yes If “YES”, provide:
 - Personal Statement
 - Documentation of disciplinary action

3. Has your application for examination or licensure ever been DENIED BY A LICENSING AUTHORITY?
 No Yes If “YES”, provide:
 - Personal Statement
 - Documentation of the denial action

4. Do you have a physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety and which may endanger the health and safety of persons under your care?
 No Yes If “YES”, provide:
 - Personal Statement
 - Progress report from counselor/physician
 - Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

5. Are you now or have you in the past five (5) years been addicted to any controlled substance, a regular user of any controlled substance with or without a prescription, or habitually intemperate in the use of intoxicating liquor?
 No Yes If “YES”, provide:
 - Personal Statement
 - Progress report from counselor/physician
 - Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

6. 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?
 No Yes If “YES”, provide:
 - Personal Statement
 - Progress report from counselor/physician
 - Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

7. Have you ever been arrested, convicted, pled guilty to, pled nolo contendere to, received a deferment, 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.
 No Yes If “YES”, provide a Personal Statement and court documents including:
 - Information Sheet or Ticket
 - Judgment and Sentencing
 - Proof of compliance with the following (if applicable):
 - Court Order
 - Fines Paid
 - Probation Completion
 - Classes Attended
 - Evaluation Completed and Subsequent Action
 - Proof that the case is closed on that Evaluation

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

Applicant’s Signature: _____ **Date:** _____