Wyoming State Board of Nursing
130 Hobbs Ave Ste B
Cheyenne, Wyoming 82002
Temporary Permit Request Form

***Temporary Permit Request Form*:** Complete this form and mail to the Wyoming State Board of Nursing. **A temporary permit if you meet all requirements shall be issued only one (1) time.** Temporary Permits are **time limited** and **non-renewable.** **There is a $25.00 dollar Temporary Permit fee, payable by Cashier's Check or Money Order Only.** **PERSONAL CHECKS OR CASH ARE NOT ACCEPTED.**

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

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

Social Security Number: _____

☐ Visa ☐ MasterCard ☐ Discover	Card Number and Three Digit Security Code (on back of card): ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ Security Code: ☐☐☐ **Mandatory processing fee of $5.00 if paying by VISA, MasterCard, or Discover**	Expiration Date: Total $
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:**_____		