

Applicant Name _____

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

VERIFICATION OF COMPLETION OF MILITARY PROGRAM EQUIVALENCY

Please ask your commanding officer or education director to verify completion of all courses required by the NCSBN Analysis: A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licenses Practical/Vocational Nurse Curriculum (2016) located here: <https://nursing-online.state.wy.us/>

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

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

Social Security Number: _____ Date of Birth: _____

Military Program: _____

Name (if different from above): _____

I hereby authorize _____ to furnish to the Wyoming State Board of Nursing the information below.

Date: _____ Signature: _____

This is to certify the above-named individual has successfully completed the curriculum courses identified in the above NCSBN Analysis Report and meets the educational requirements of military program LPN equivalency.

SEAL

Signature: _____

(Commander or Education Officer)

Title: _____

State: _____

Date: _____ **Phone:** _____

Email: WSBN-info-licensing@wyo.gov