



Wyoming State Board of Nursing
130 Hobbs Ave Suite B, Cheyenne, WY 82002
VERIFICATION FOR ANOTHER STATE

VERIFICATION FOR ANOTHER STATE: Complete this form and mail to the Wyoming State Board of Nursing. **There is a \$40.00 dollar verification 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: _____ Certificate/License Number: _____

Please Mail Verification To:

Requesting State _____

Address _____

City _____ State _____ Zip Code _____

License/Certificate Number: _____

<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 : □□□ Mandatory processing fee of \$5.00 if paying by VISA, MasterCard, or Discover	Expiration Date: Total \$
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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:** _____