

WYOMING BOARD OF NURSING HOME ADMINISTRATORS

6101 YELLOWSTONE ROAD, SUITE 501

CHEYENNE, WY 82002

PHONE (307) 777-7815 FAX (307) 777-3314

REQUEST FOR VERIFICATION OF LICENSURE

TO APPLICANT:

Complete Section I below and forward to **each** of the state regulatory agencies where you are currently **or have been previously** licensed or registered in any health care profession as referenced on your application. Please submit a separate form for each license.

TO THE STATE REGULATORY AGENCY:

Please complete Section II **on the back** of this form and return completed form to the above address.

SECTION I

To:

(Regulatory Agency)

FROM:

(Applicant Name in Full)

SOCIAL SECURITY #:

I am applying for a license to practice as a Nursing Home Administrator in the State of Wyoming. The Wyoming Board of Nursing Home Administrators requires that this form be completed by each jurisdiction in which I hold or have held a license or registration. I hereby authorize you to release the following information to the Wyoming Board of Nursing Home Administrators.

G PLEASE ATTACH VERIFICATION OF EXAMINATION SCORES

Signature of Applicant

Date

SECTION II (For Regulatory Agency Use Only)

The records of

(State Regulatory Agency)

show that the person named on this form was issued license (registration) number
on _____ As a/an
(Issue Date) (Classification)

G This license is currently valid and will expire _____
(Date)

G This license expired on _____ and is no longer valid.
(Date)

The applicant was found to be qualified for licensure on the basis of:

G Examination, copy of scores attached.

G Reciprocity/Endorsement (Indicate state)

G Other Means (Please specify)

Please check the appropriate box:

G No disciplinary action has been taken, or is pending against this applicant.

G Disciplinary action has been taken, or is pending against this applicant. Please attach
copies of available documentation.

Seal

Date Signature Title

Verifying Agency Telephone Number

Mailing Address

City State Zip