

WYOMING BOARD OF NURSING HOME ADMINISTRATORS
6101 YELLOWSTONE ROAD, SUITE 501
CHEYENNE, WY 82002
(307) 777-7815
Fax (307) 777-3314
vspire@state.wy.us

APPLICATION FOR LICENSURE

CHOOSE ONE:

TEMPORARY

REGULAR FULL LICENSURE

NAME IN FULL:

LAST

FIRST

INITIAL

PREVIOUS NAMES USED (if any):

SOCIAL SECURITY NO.:

RESIDENCE

STREET: TELEPHONE: ()

CITY: STATE: ZIP:

EMPLOYER:

STREET: TELEPHONE: ()

CITY: STATE: ZIP:

WYOMING EMPLOYER:

(IF DIFFERENT FROM ABOVE)

STREET: TELEPHONE: ()

CITY: STATE: ZIP:

ADDRESS FOR CORRESPONDENCE:

RESIDENCE EMPLOYER WYOMING EMPLOYER

U.S. CITIZENSHIP: YES NO

BIRTHDATE: PLACE OF BIRTH (City/State/Country):

If additional space is needed to detail any answer in this application, please attach additional sheets. At the heading of each additional sheet, include your full name as presented on the application as well as your social security number

Indicate registration(s) or license(s) in all states where you are currently or have been previously licensed in ANY HEALTH CARE PROFESSION. Begin with your original registration/license. Note carefully any registrations not currently in good standing

STATE (S) LICENSED	LICENSE/ TYPE/#	DATE OF ISSUANCE	EXPIRATION DATE	CURRENT STATUS (Active, Inactive, Other, etc.)	LICENSED BY EXAMINATION/OTHER

* Specify certification title and level if applicable:

EDUCATION

List all universities and colleges attended. Begin with the institution from which your highest degree was obtained.

UNIVERSITY/COLLEGE	ADDRESS	DATES ATTENDED	DEGREE(S) & DATE(S)	MAJOR(S)

REFERENCES

Give the names of two individuals (not related to you) who will be submitting letters of reference DIRECTLY to the Board on your behalf, who have recent knowledge of your character, ability and professional performance within the last year.

NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT

List employment for the past five (5) years in consecutive order beginning with the most recent.

EMPLOYER	ADDRESS	DATES EMPLOYED	BRIEF DESCRIPTION OF PRIMARY DUTIES

Has any state(s) rejected your application or restricted, revoked or suspended your license? Yes No

Have you ever voluntarily surrendered your license while disciplinary proceedings were pending against you? Yes No

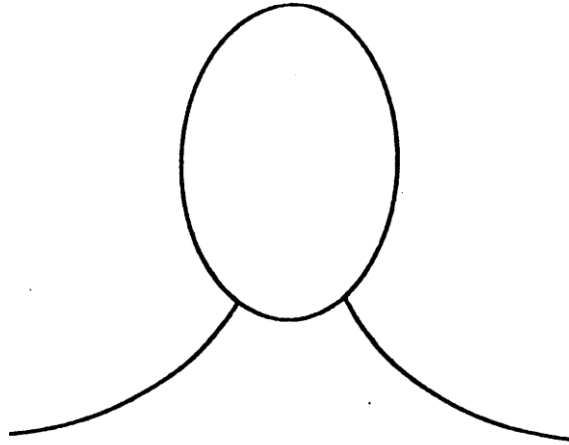
Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

Do you now use alcoholic beverages habitually to excess? Yes No

Are you addicted to alcohol or controlled substances? Yes No

(If you answered "Yes" to any of the above questions please attach a detailed explanation including state(s) and outcome.)



Attach Current Photo Here

AFFIDAVIT

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

SIGNATURE OF APPLICANT

DATE