

# Wyoming Board of Medicine

*Serving the public and practitioners since 1905*

130 Hobbs Avenue, Suite A · Cheyenne, WY 82002

Phone: 307-778-7053 · Fax: 307-778-2069 · Toll free within Wyoming: 800-438-5784

Email: [wyoimedboard@wyo.gov](mailto:wyoimedboard@wyo.gov) · Website: <http://www.wyo.gov>



Matthew H. Mead  
Governor

## MEDICAL LICENSE APPLICATION AND ADDENDA INSTRUCTIONS

We welcome your interest in medical licensure in the State of Wyoming! These application instructions are intended to help you through the process of applying for a Wyoming medical license. If you have any questions, please feel free to contact the Wyoming Board of Medicine office at the address and phone number listed above. We are always glad to hear from you, and want to help make the application process a positive experience for you.

**A word of caution:** The vast majority of applicants for medical licensure in Wyoming are qualified to receive an unrestricted license to practice medicine in this state with little or no difficulty. Please do not assume, however, that receiving a medical license is merely a formality, the granting of which is automatic. On rare occasion, an applicant may be found ineligible for licensure, or the Board of Medicine may deny a license or issue one with restrictions or conditions. Therefore, applicants are urged to refrain from relying upon an expectation of receiving a Wyoming medical license in making substantial life-changing commitments – changing employment, purchasing real estate in Wyoming, moving, enrolling children in Wyoming schools, etc. – prior to actual issuance of a license by the Board.

We make every effort to complete the process as quickly as possible, but occasionally we encounter unanticipated questions or difficulties that can cause delays. Please call or email if you have any questions about the application process. We are more than happy to discuss with you or your designated person, your questions. An early inquiry may save you a good deal of concern, delay or inconvenience during the application process.

### **PLEASE NOTE:**

*To be considered for permanent licensure, application files must be received and complete in the Board office at least 15 business days prior to the next regularly-scheduled Board meeting.*

*As an applicant, you are personally responsible for all information disclosed on or omitted from your application, including responses completed on your behalf by others.*

### **ELIGIBILITY FOR LICENSURE**

- 1. ALL** applicants must have graduated from a school of medicine accredited by the LCME or a school or osteopathy accredited by the AOA, or be certified by the Educational Commission on Foreign Medical Graduates (ECFMG).
- 2. ALL** applicants must have successfully (minimum score of 75 on all parts) completed one of the following licensing exams in no more than **7 total attempts within a 7 year period** (8 years if in a combined Ph.D. program):
  - a) NBME** – National Board of Medical Examiners;
  - b) FLEX** – Federation Licensing Exam;
  - c) USMLE** – United States Medical Licensing Exam;
  - d) NBOME** – National Board of Osteopathic Medical Examiners;

- e) **COMLEX** – *Comprehensive Osteopathic Medical Licensing Exam*;
  - f) **LMCC** – *Licentiate of the Medical Council of Canada*;
  - g) An equivalent state-sanctioned examination; or
  - h) An approved combination of the FLEX and/or NBME and/or USMLE and/or NBOME and/or COMLEX.
3. **ALL** graduates must have successfully completed at least one (1) year of postgraduate training in an ACGME, AOA, or RCPSC accredited program, within the United States or Canada. If you are an international medical school student, you must also have ECFMG certification or have successfully completed a Fifth Pathway program.
4. **POST-GRADUATE TRAINING.** Effective January 1, 2011, **all applicants for physician licensure other than a training license must demonstrate not less than one (1) of the following:**
- a) Successful completion of not less than two (2) years of postgraduate training in an ACGME, AOA, or RCPSC accredited program;
- or,*
- b) Successful completion of not less than one (1) year of postgraduate training in an ACGME, AOA, or RCPSC accredited program **and:**
    - i. **Current certification by a medical specialty board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists and Boards of Certification;**
- or,*
- ii. **Continuous medical licensure in good standing in a state and/or the District of Columbia for the preceding five (5) years.**

Questions regarding the post-graduate training requirement should be directed to the Board office at [womedboard@wyo.gov](mailto:womedboard@wyo.gov) or by calling 307-778-7053.

## **QUALIFICATIONS FOR LICENSURE**

All applicants for full licensure may be required to successfully complete and interview, in person, with the Wyoming Board of Medicine at one of its regularly-scheduled meetings. The Board normally meets in January, April, July and October of each year.

## **USING THE FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)**

The Federation of State Medical Boards (FSMB) is a national non-profit representing the 70 medical and osteopathic boards of the United States and its territories, serving as the national resource and voice on behalf of these boards in their protection of the public. Two of the services provided are the Federation Credentials Verification Service (FCVS) and the Uniform Application for Physician State Licensure (UA).

We require the use of FCVS for credentials verification as part of the overall licensure process. FCVS staff verifies primary source documents related to your identity, education, training, and more, creating a personalized profile of credentials that do not need to be re-verified. This profile can be updated and sent to boards and other entities as needed.

To use FCVS, visit <http://www.fsmb.org/> and select FCVS from the Licensure or Sign In menu. Sign in and continue as directed. Complete an Initial Application if you are using FCVS for the first time. Complete a Subsequent Application if you need to update your FCVS profile. During the application process, designate your profile to be received by the Wyoming Board of Medicine.

For assistance, contact FCVS by using the messaging tool within FCVS or by calling 888-275-3287 with your FCVS ID number.

## **USING THE UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE (UA)**

The UA simplifies the licensure application process by eliminating data entry redundancy. Once the core UA is completed, it can be updated as needed and sent to another participating board when applying for licensure.

As part of the online UA, you will be asked to complete a chronology of activities of all working and non-working time since medical school graduation and provide details of any malpractice liability claims. Having this information on hand before you begin will help you to complete the UA more efficiently.

To use the UA, visit <http://www.fsmb.org/> and select Uniform Application (UA) from the Licensure or Sign In menu. Sign in and continue as directed.

Please note:

- To avoid receiving errors, provide both your current home address and current business practice/training address, plus ensure that each address is different. You may use the same address for both Board Contact and Public Contact selections.
- If you see incorrect USMLE, FLEX, or SPEX exam information in your UA, email [ua@fsmb.org](mailto:ua@fsmb.org) with the correct information.
- You are not able to add or edit MD or DO licenses as that information is sent directly into the system from the state boards. If changes are needed, email [ua@fsmb.org](mailto:ua@fsmb.org) with the correct information. Do not select “Other” to add MD or DO licenses.
- Enter all other professional licenses (nurse, EMT, physician assistant, etc.) you have held (active or inactive) in the U.S. or Canada. Request verification from these boards by using UA Licensure Verification Form #1.
- If you are applying for a special or temporary license and hold licenses in countries outside the U.S. or Canada, please provide that information on a separate sheet of paper.
- Each license must be verified by the board that issued the license. See the resource provided at <http://www.fsmb.org/licensure/uniform-application/> for information on fees and the preferred verification method for each medical board. Use the UA Licensure Verification Form in this packet for boards that need a written request.
- The addendum consists of an online portion and a PDF portion included in this packet.
  - Online portion. Complete as directed. Please note that this section is not part of the core UA so your data will not be saved when your UA is submitted. We recommend that you print this section from the Review & Submit page before submitting your UA.

If you need to make any changes to your core UA, do not complete the online addendum again. See the section on “Updating your Uniform Application” on the next page.

- PDF: Physician Reference Questionnaire. Please submit three (3) Physician Reference Questionnaires, dated within the past 6 months and bearing an original signature. *Faxed questionnaires, signature stamps, electronic signatures, and letters of reference will not be accepted.*
  - i. Physician Reference Questionnaires must be from MDs or DOs with whom the applicant previously or currently practiced. Forms from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable. *FAXES ARE NOT ACCEPTED.*
  - ii. Applicants in training or those who have been out of a training program for a short period of time must provide Physician Reference Questionnaires from faculty physicians responsible for their training.
- PDF: Citizenship and Alien Status Declaration. Please submit this form, completed, signed, and dated within the past 6 months and bearing an original signature. Photocopies of the supporting document(s) must be submitted with the completed form. Do NOT submit the original document(s).

For UA assistance, see the UA FAQ at <http://www.fsmb.org/licensure/uniform-application/faq>. If your issue is not listed, contact UA customer service at 800-793-7939 or [ua@fsmb.org](mailto:ua@fsmb.org) with a description of the problem. Please email a screenshot if you see an error.

## UPDATING YOUR UNIFORM APPLICATION

Please read the following instructions if you need to submit additional information to the Wyoming Board of Medicine regarding the information you submitted through the Uniform Application because of errors, omissions, etc. **You are responsible for any error or omission made in your UA, regardless of who completed the application.**

The UA will allow an applicant to go back and make changes to the data entered, even after it has been submitted to Wyoming, however, those changes do NOT get forwarded to, or recognized, by the Wyoming Board of Medicine.

Submit any necessary information on a separate, typed sheet to the Wyoming Board of Medicine. Please include as many sheets as needed.

1. Provide a detailed explanation of the (incorrect, omitted, etc.) information you initially supplied on the application.
2. Provide a detailed explanation of what the accurate, current information is.
3. The physician (applicant) must sign and date the explanation.
4. Mail the explanation to:
 

**Wyoming Board of Medicine**  
**130 Hobbs Avenue, Suite A**  
**Cheyenne, WY 82002**

*\*Do not fax or e-mail your explanation to the Board office.\**

Once we have received the explanation, it will become a part of your application file. The applicant is responsible for addressing any and all errors or omissions of the data that was entered in the Uniform Application as well as for the information contained in the explanation mailed to the Board to remedy the error(s) or omission(s).

Again, please note that **once you have submitted the Uniform Application to the Wyoming Board of Medicine, any changes made to the Uniform Application after submission will not be recognized by the board unless they are sent to the Board office separately and signed and dated by the physician** (as explained on the previous page).

## **ADDITIONAL INFORMATION**

The application file must be complete in its entirety. Applications received without payment of the appropriate fee will not be accepted. The application fee of \$600.00 is submitted by credit card payment during completion of the Uniform Application. You will be taken to a payment page on the Board's website after submitting the UA.

### **PLEASE NOTE:**

*All applications are kept active for six (6) months from the date the application is received in the Board office. If the application process has not been completed by that date, the applicant must re-apply by completing and submitting an updated application and fees. You will also be required to obtain current state licensing verifications and Physician Reference Questionnaires.*

## **UNIFORM APPLICATION CHECKLIST**

- Complete an Initial or Subsequent FCVS application for credentials verification, designating the Wyoming Board of Medicine to receive your FCVS profile. *AMA Physician Profiles will not be accepted.*
- Submit the online UA with payment of the one-time service fee of \$50 to FSMB if applicable.
- Pay the non-refundable application fee of \$600 by credit card on the Board's website. You will be redirected to the Board's payment page upon completion of the UA.
- Have the licensing authority for each healthcare and professional license you have ever held send a verification of the license to the Board, regardless of the license status. See the license verification resource provided at <http://www.fsmb.org/licensure/uniform-application/> for information on fees and the preferred verification method of each board. Use the UA Licensure Verification Form in this packet for boards requiring a written request.
- Complete the other forms in this packet as instructed.
  - UA Affidavit and Authorization for Release of Verification form.
  - Three (3) Physician Reference Questionnaires.
  - Citizenship and Alien Status Declaration.
- Mail the following items to the Board:
  - Notarized UA Affidavit and Authorization for Release of Verification form.
  - Completed Citizenship and Alien Status Declaration with copy of proof of legal presence.
  - All supporting documentation regarding affirmative answers in the online addendum.

# Wyoming Board of Medicine

*Serving the public and practitioners since 1905*

130 Hobbs Avenue, Suite A · Cheyenne, WY 82002

Phone: 307-778-7053 · Fax: 307-778-2069 · Toll free within Wyoming: 800-438-5784

Email: [wyo-medboard@wyo.gov](mailto:wyo-medboard@wyo.gov) · Website: <http://www.wyo.gov>



Matthew H. Mead  
Governor

## Physician Reference Questionnaire Instruction Sheet

This instruction sheet and the two-page questionnaire form may be duplicated as needed.

**To the Applicant:** Please send one copy EACH of this instruction sheet AND the two-page Physician Reference Questionnaire to each of the three (3) physicians (MD's or DO's only) who will be providing a reference on your behalf.

**To the Referring Physician:** This constitutes your authority to provide information about my character and professional abilities, favorable or otherwise, directly to the Wyoming Board of Medicine.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REFERRING PHYSICIAN, PLEASE NOTE:** References from physicians with whom the applicant has a current or prospective financial, business or family relationship will not be accepted. Further, for references to be acceptable, they must meet the following criteria:

1. Must be typed or printed legibly on the Physician Reference Questionnaire form
2. Must have current date
3. Must contain the following information outlined below:
  - a. Your name, address, telephone number, and professional affiliation
  - b. Length of acquaintance with the applicant and in what capacity
  - c. Applicant's medical acumen, experience and abilities:
    - Indicate the applicant's strengths
    - Indicate if you have ever noticed or become aware of any difficulties or shortcomings
  - d. Applicant's interactions with patients, colleagues, and staff
  - e. Any instances that you are aware of in which the applicant has been sanctioned in any fashion by any licensing, privileging, credentialing or academic body
  - f. Any circumstances that you are aware of that might impede the applicant's ability to safely and skillfully practice medicine
  - g. Must be signed and mailed directly to:

**Wyoming Board of Medicine  
130 Hobbs Avenue Suite A  
Cheyenne, WY 82002**

**FAXES WILL NOT BE ACCEPTED**

**All Physician Reference Questionnaires must have an original signature; signature stamps will not be accepted.** Please call if you have questions or comments: (307) 778-7053.

Please feel free to add any additional comments you wish regarding this applicant. Thank you in advance for your time and assistance.



# Wyoming Board of Medicine

130 Hobbs Avenue, Suite A  
Cheyenne, WY 82002  
(307) 778-7053

## PHYSICIAN REFERENCE QUESTIONNAIRE

*All responses are kept in the confidential application file.*

This 2-page form may be duplicated as necessary – Please type or print legibly.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_, MD/DO

Referring Physician Specialty or Primary Area of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone:\* \_\_\_\_\_ E-mail:\* \_\_\_\_\_

*\* We often contact references to confirm information, and appreciate your cooperation in that effort.*

Using “1” (Unsatisfactory) to “5” (Outstanding), please rate this physician in the following areas compared to his/her peers. If you do not have enough information to make a judgment, please indicate. Please add comments to help us understand your rating.

<u>Subject</u>		<u>Comments</u>
- Clinical Knowledge/Judgment	1 2 3 4 5	_____
- Technical Skill	1 2 3 4 5	_____
- Character	1 2 3 4 5	_____
- Communication	1 2 3 4 5	_____
- Emotional Stability	1 2 3 4 5	_____
- Ability to work cooperatively with others	1 2 3 4 5	_____
- Ability to seek help from colleagues when needed	1 2 3 4 5	_____
- Ability to respond to patients’ needs when on-call	1 2 3 4 5	_____
- Having a respectful demeanor and sensitivity to patients’ needs	1 2 3 4 5	_____
- Adherence to acceptable standards of professional practice	1 2 3 4 5	_____

### OVERALL PATIENT CARE (please explain in detail any negative responses)

1. How have you known this applicant and for how long?

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_, MD/DO

2. What are this physician's strengths / weaknesses?
  
3. Has the applicant ever shown signs of any behavioral, drug or alcohol problems?
  
4. Has the applicant ever been a defendant in a criminal action (felony or misdemeanor)?
  
5. Does the applicant's health allow for the safe and competent practice of medicine?
  
6. Have you any knowledge of disciplinary action taken against the applicant by any medical licensing board, hospital or other healthcare facility?
  
7. Is there anything that this applicant needs to change to be a better physician?
  
8. Would you have this physician care for your family members and friends? Please explain.
  
9. If you have any concerns about this applicant, please explain.

\_\_\_\_\_  
Signature of referring physician

\_\_\_\_\_  
Date

**Please complete and return both pages of this form to:**

**Wyoming Board of Medicine  
130 Hobbs Ave., Suite A  
Cheyenne, WY 82002**

# Wyoming Board of Medicine

*Serving the public and practitioners since 1905*

130 Hobbs Avenue, Suite A · Cheyenne, WY 82002

Phone: 307-778-7053 · Fax: 307-778-2069 · Toll free within Wyoming: 800-438-5784

Email: [wyoimedboard@wyo.gov](mailto:wyoimedboard@wyo.gov) · Website: <http://www.wyo.gov>



Matthew H. Mead  
Governor

## Citizenship and Alien Status Declaration

**TO THE APPLICANT:** Pursuant to federal law, before the State of Wyoming Board of Medicine may issue a license, the applicant must certify his or her legal presence in the United States. The applicant must provide proof that he or she is either: (A) a citizen or national of the United States; or, (B) a qualified alien or non-immigrant lawfully present in the United States who is eligible to receive a professional license as defined in Personal Responsibility and Work Opportunities Reconciliation Act of 1996, 8 U.S.C. § 1601, *et seq.*

Applicants must submit the required proof of legal presence documentation with their application for a Wyoming medical license. **Applicants should ONLY submit a legible photocopy of the document(s). DO NOT SUBMIT THE ORIGINAL DOCUMENT(S).**

**Failure to submit this form and required document(s) will delay processing of your application.**

### **Section 1 – Applicant Information**

Applicant's Name (Printed): \_\_\_\_\_

### **Section 2 – Citizenship/Immigration Status Declaration**

Are you a citizen or national of the United States?     Yes     No

If No, go to Sections 3 and 4, below.

If Yes, where were you born (City, State, and Country): \_\_\_\_\_

- To establish proof of citizenship or nationality, attach and submit a legible and unaltered photocopy of one of the documents on **List A** (see Page 2).
- Go to Section 4, below.

### **Section 3 – Alien Status Declaration**

Indicate your alien status below and submit legible and unaltered photocopies of documents proving such status. The alien status documents for each category as set forth on **List B** (see Page 2) are the most commonly-used documents that the U.S. Immigration and Naturalization Service provides to aliens in those categories.

- |  |   |
|--|---|
| <input type="checkbox"/> An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA).            | <input type="checkbox"/> An alien whose deportation is being withheld under Section 243(h) of the INA.  |
| <input type="checkbox"/> An alien who is granted asylum under Section 208 of the INA.  | <input type="checkbox"/> An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.  |
| <input type="checkbox"/> A refugee admitted to the United States under Section 207 of the INA.   | <input type="checkbox"/> An alien who has been declared a "battered alien."   |
| <input type="checkbox"/> An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. | <input type="checkbox"/> An alien not in the preceding seven (7) categories who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. |

### **Section 4 – Declaration**

I declare under penalty of perjury under the laws of the State of Wyoming that the answers I have given are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Wyoming Board of Medicine  
April 2016

Date \_\_\_\_\_

Citizenship and Alien Status Declaration  
Page 1 of 1

## **LIST A – ACCEPTABLE DOCUMENTS TO ESTABLISH U.S. CITIZENSHIP/IMMIGRATION STATUS**

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
3. A birth certificate or passport issued from:
  - Puerto Rico, on or after January 13, 1941;
  - Guam, on or after January 17, 1917;
  - U.S. Virgin Islands, on or after January 17, 1917;
  - Northern Mariana Islands, after November 4, 1986;
  - American Samoa;
  - Swain's Island; or,
  - District of Columbia.
4. A U.S. passport (expired or unexpired).
5. Certificate of Naturalization (N-550, N-57, N-578).
6. Certificate of Citizenship (N-560, N-561, N-645).
7. U.S. Citizen Identification Card (I-179, I-197).
8. An individual Fee Register Receipt (Form-G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other document which establishes a U.S. place of birth or indicates U.S. citizenship.

## **LIST B – ACCEPTABLE DOCUMENTS TO ESTABLISH ALIEN STATUS**

An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA) must submit supporting documentation (legible copy of the front and backside of the document) to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card commonly known as a "green card"); or
  - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
  - INS Form I-766 (Employment Authorization Document) annotated "A5";
  - Grant Letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
  - INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
  - INS Form I-668B (Employment Authorization Card) annotated "274a.12(a)(10)";
  - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
  - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
  - INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
  - INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
  - INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes:
  - INS petition and supporting documentation



Affidavit and Authorization for Release of Information

Mail this completed notarized form to:

Wyoming Board of Medicine
130 Hobbs Avenue, Suite A; Cheyenne, WY 82002

Applicant:

Sign this form with attached photo in the presence of a notary public. Send this notarized form with any other required materials to the Board at the address listed above.

If you are using FCVS for credentials verification, you must also send the separate FCVS affidavit form to FCVS if you have not already done so.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

Applicant Photograph

Securely tape or glue a recent (less than 6 month old) front-view 2" x 2" passport-type color photo of yourself in this square.

Applicant's signature (must be signed in the presence of a notary)

Applicant's printed last name

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

-fold up-

To fit this form in a standard envelope, fold the bottom portion under the photograph toward the top, and then fold the top edge to the new bottom edge.

-fold up-

Notary

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: \_\_\_\_\_



## Licensure Verification Form

Applicant: Complete this form as directed in the left sidebar.

Licensing Board: Complete this form as directed. Send the completed verification to the Wyoming Board of Medicine at the address below.

**Applicant:**

Send this form and any applicable fee to each board you have held a full, temporary, training, or limited license with that requires a written request for license verification.

To determine each board's fees and licensure verification requirements, see <http://www.fsmb.org/licensure/uniform-application/>.

**Section 1: Applicant Information**

Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Degree Type:  M.D.  D.O.

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

*\*The social security number is to be used for purposes of identification only and may not be used for any other reason.*

**Authorization:** I am applying for a license to practice medicine. The Board I am applying to requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. I authorize the licensing agency of the state/province of \_\_\_\_\_ to provide any and all information pertaining to license number \_\_\_\_\_ to the following Board:

Board name: **Wyoming Board of Medicine**  
 Mailing address: **130 Hobbs Avenue, Suite A**  
 City/State/Zip: **Cheyenne, WY 82002**

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Licensing Board:**

Complete section 2. Send this form to the board listed in section 1.

You may instead provide electronic licensure verification to the board listed in section 1.

**Section 2: Licensure Verification**

Name of Licensee: \_\_\_\_\_  
Last First Middle Suffix

Issuing State Board: \_\_\_\_\_ License type: \_\_\_\_\_

License number: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Is this license current?  Yes  No If not current, please explain: \_\_\_\_\_

1. Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?

Yes  No  Cannot answer under state law

If yes, please explain: \_\_\_\_\_

2. Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand, or in any other manner disciplined, or has the applicant's license ever been revoked, suspended, or, in any other manner, limited by a licensing or disciplinary authority in your state?

Yes  No  Cannot answer under state law

If yes, please explain: \_\_\_\_\_

**I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.**

AFFIX BOARD SEAL HERE

(If no seal is available, this form must be notarized.)

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_