

# 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://wyomedboard.state.wy.us>



## MEDICAL LICENSE APPLICATION AND ADDENDA INSTRUCTIONS

We welcome your interest in medical licensure in the State of Wyoming! These instructions are intended to help you through the process of applying for a Wyoming medical license.

**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 issues 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 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:**

1. 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 (this includes all required supplemental documentation). All applications are reviewed for the “permanent” license at Board meetings **only**.
2. 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.
3. All applicants for “permanent” 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. If Wyoming will be your first “permanent,” non-training, non-temporary license in the United States, you **will** be required to interview with the Board.
4. **Both** the Uniform Application (UA) and Federation Credential Verification Service (FCVS), hosted by Federation of State Medical Boards (FSMB) are **REQUIRED**. There is no separate application, form or fee for a temporary license, and all qualified applications are automatically reviewed for a temporary license prior to issuance of a “permanent” license (there is no guarantee the temporary license will be approved).

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

The UA simplifies the licensure application process by eliminating redundant data entry. Once the core UA is completed, it can be updated as needed and sent to another participating state medical licensing board when applying for licensure. 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 mailing 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 pre-populated information in your UA or experience any other issues, email [ua@fsmb.org](mailto:ua@fsmb.org) or call (800) 793-7939 for assistance.
- After completing the core UA, you will be required to complete an online addendum consisting of a series of attestation questions. 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 to keep for your records.

**IMPORTANT:** If you need to make any changes to your core UA, **DO NOT** complete the online addendum again and resubmit. See the section on “Updating your Uniform Application” on the next page.

### ADDITIONAL REQUIRED ITEMS

- Federation Credentials Verification Service (FCVS). To begin the process or request an already completed FCVS profile be sent electronically to the Wyoming Board of Medicine, please visit <https://www.fsmb.org/fcvs/>
- Physician Reference Questionnaire. Please provide the following DocuSign link to three (3) physician colleagues to complete a reference questionnaire on your behalf. You may copy and paste this link and email it to your references:  
<https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=35b7abaa-7f43-4f65-9253-608daeb426df&env=na4&acct=2036588a-9b8d-4a1e-8a3e-e4792debd8ab&v=2>
- 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. **AT LEAST TWO (2) OF YOUR REFERENCES MUST BE FROM PHYSICIANS WHO HAVE WORKED DIRECTLY WITH YOU WITHIN THE LAST THREE (3) YEARS.**
- 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.
- 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).
- UA Affidavit and Authorization for Release of Information. This may be completed with an in-person notary or via NotaryCam as instructed on the FSMB website.

## 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 above).

## ADDITIONAL INFORMATION

The application file must be complete in its entirety; this includes the UA, FCVS, all addenda and payment of the application fee. The application fee is submitted by credit card payment after completion of the Uniform Application. You will be taken to a payment page on the Board's website after submitting the UA and you can also access the link on the Board's website under the Initial Physician Application page.

The application fee is **NON-REFUNDABLE**.

All applications are kept active for six (6) months from the date the application is received in the Board office, regardless of when the application fee payment is made. If the application process has not been completed by that date, the applicant must reapply by completing and submitting an application update form and application fee. You will also be required to complete any outstanding items when the application expired and replace any application items over six (6) months old.

You can monitor the status of your application on the Board's website using the Pending Application Status tool **AFTER** the application payment has been made.

## ELIGIBILITY FOR LICENSURE

1. **ALL** applicants must have graduated from a school of medicine accredited by the LCME or a school of osteopathy accredited by the AOA, or be certified by the Educational Commission on Foreign Medical Graduates (ECFMG).
2. **ALL** applicants must have successfully completed all parts of 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*;
  - h) An equivalent state-sanctioned examination; or
  - i) 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.**

*Please call or email the Board office at (307) 778-7053 or [wyoimedboard@wyo.gov](mailto:wyoimedboard@wyo.gov) to discuss any questions you have regarding eligibility for licensure **before** applying.*

## WYOMING APPLICATION CHECKLIST

- Complete an Initial or Subsequent FCVS\* application for credentials verification, designating the Wyoming Board of Medicine to receive your FCVS profile electronically.

**PLEASE NOTE:** If you have not used FCVS before, the average processing time is 45 days.

*\*AMA/AOA Physician Profiles will not be accepted in its place.*

- Submit the online Uniform Application (UA) with payment of applicable fees to the FSMB. Contact the UA directly if you experience any difficulty with the online application.

**PLEASE NOTE:** You **MUST** enter your Social Security Number (SSN) in the optional SSN field in the UA for the application to transfer to the Board's software database.

- Pay the non-refundable application fee of \$600.00 by credit card on the Board's website. You will be redirected to the Board's payment page upon completion of the UA.  
*Please note that it may take up to twelve (12) hours for your UA to transfer to the Board's database, you cannot log in to pay until the transfer has completed.*
- Complete and mail all forms in this packet as instructed:
  - UA Affidavit and Authorization for Release of Information. This can be mailed or completed via NotaryCam through the UA.
    - **PLEASE NOTE: This affidavit appears similar to the affidavit that the FCVS requires but it is different and must be submitted to the Board office.**
  - Citizenship and Alien Status Declaration form and required proof.
    - **PLEASE NOTE: The FCVS requires that you submit proof of identity, but you must also complete the Citizenship and Alien Status Declaration form included in this instruction and addenda packet (along with the required proof) to the Board office.**
  - All supporting documentation regarding affirmative answers in the online UA addendum.
- Have three (3) physician colleagues complete references on your behalf via DocuSign. 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. **AT LEAST TWO (2) OF YOUR REFERENCES MUST BE FROM PHYSICIANS WHO HAVE WORKED DIRECTLY WITH YOU WITHIN THE LAST THREE (3) YEARS.**

Copy and paste the following DocuSign link into an email and send to your selected references:

<https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=35b7abaa-7f43-4f65-9253-608daeb426df&env=na4&acct=2036588a-9b8d-4a1e-8a3e-e4792debd8ab&v=2>

For State Board Use Only

## Affidavit and Authorization for Release of Information

**Applicant:** In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

**Send this form to the board you are applying to for licensure.** Include all other required materials.  
A directory of state medical and osteopathic boards is available at:  
<http://www.fsmb.org/contact-a-state-medical-board/>.

**Please send this form to:** Wyoming Board of Medicine  
130 Hobbs Ave., Ste. A  
Cheyenne, WY 82002

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.

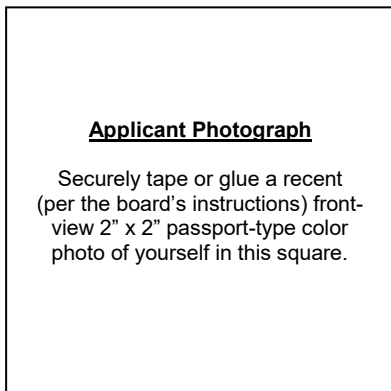
I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being 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's signature (must be signed in the presence of a notary)*

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

\_\_\_\_\_  
*Date of signature (must correspond to date of notarization)*

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

### **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 \_\_\_\_\_ My Notary Commission Expires \_\_\_\_\_



# 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: [wyomedboard@wyo.gov](mailto:wyomedboard@wyo.gov) • Website: <http://wyomedboard.state.wy.us>



## 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), not 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

\_\_\_\_\_  
Date

## **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;
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.





## Wyoming Board of Medicine

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

### Physician Reference Questionnaire Instructions

---

**ATTENTION APPLICANT:** You must request that three of your colleagues/peers complete a reference questionnaire on your behalf to support your Wyoming application for licensure. Please call the Board office at (307) 778-7053 if you have any questions.

For references to be acceptable, they must meet the following criteria:

1. Your references must complete a Board-approved reference questionnaire form. At this time, references are processed via DocuSign. Please allow up to 5 business days for staff to process the reference form after it has been submitted.
2. At least two of your three references must be from physicians who have worked with you directly or observed your practice abilities within the last **three (3)** years.
3. References from physicians with whom you have a family relationship with or a prospective financial or business relationship **will not** be accepted.

**DO NOT** send the reference questionnaire to anyone other than your references. If it is returned to the Board from a person other than the referring physician (ie, staff member, yourself, spouse, etc.) it will **NOT** be accepted. It is your responsibility to notify your reference of the incoming request; advise your references to check their spam folder if necessary.

#### TO SEND THE REFERENCE QUESTIONNAIRE:

Please copy and past the following link in an email and send to your references:

<https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=35b7abaa-7f43-4f65-9253-608daeb426df&env=na4&acct=2036588a-9b8d-4a1e-8a3e-e4792debd8ab&v=2>

Your reference can then copy and paste the link into their browser or click the link directly to fill out the DocuSign form.