

Wyoming State Board for Respiratory Care

2001 Capitol Ave, Room 127

Cheyenne, WY 82002

<https://respiratory.wyo.gov/>

Temporary Permit Requirements and Application Procedures

Before applying for a temporary permit, please contact the Board office. Many times a regular license can be issued in the time it takes to process an application for a temporary permit. The following is required of ALL applicants for a temporary permit:

Application: All applicants for a temporary permit must submit a complete, signed application. **INCOMPLETE APPLICATIONS WILL DELAY PROCESSING!** Please be sure to complete all sections per the instructions for that section.

Proof of Lawful Presence: The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from List A or a document from List B and C

If you choose to apply for a temporary permit, the following is required:

If you are licensed in another jurisdiction:

- You must hold a current license in good standing issued under the laws of another jurisdiction with qualifications equivalent to those required in Wyoming and **you are currently practicing, or within the last six (6) months prior to submitting an application have practiced respiratory care in that jurisdiction.** Request that verification of licensure be sent from all jurisdictions in which you hold a current license or have held a license. Verification(s) must be sent directly from the Board in that jurisdiction to the Wyoming Board office.

If you are a student:

- You must provide written documentation from the registrar or program director verifying your standing as a current student and stating your expected graduation date. You must immediately notify the Board office if you have failed to successfully complete the program.

Fee: Application Fee \$40

All fees are **non-refundable** and shall be payable to the State of Wyoming in the exact amount.

FOR ADDITIONAL INFORMATION, PLEASE SEE CHAPTER 3 OF THE BOARD'S RULES AND REGULATIONS

http://soswy.state.wy.us/Rules/Rule_Search_Main.asp

APPLICATION, FEE, AND SUPPORTING DOCUMENTS SHOULD BE MAILED TO:

Wyoming Board for Respiratory Care
2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Shelby Hood at 307-777-5403 or shelby.hood2@wyo.gov if you have questions.

Wyoming State Board for Respiratory Care

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as “any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government.” Therefore, professional licensing boards in Wyoming are required by this federal law to verify the “lawful presence” of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name:

Address:

By signing below, I hereby certify that **(check one item in each category)**:

- ☐ I am a citizen of the United States
- ☐ I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act

I have attached:

- ☐ A copy of an acceptable document from List A; or
- ☐ Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.

Signature of Applicant

Date

Wyoming State Board for Respiratory Care

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Cheyenne, WY 82002
(307) 777-5403

APPLICATION FOR TEMPORARY PERMIT - \$40 FEE

Are you a military service member as defined in W.S. 33-1-116(a)(ii)? ☐ Yes ☐ No

Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? ☐ Yes ☐ No

1. Legal Name & Personal Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Previous Names Used</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

2. Contact Information

<i>Residence Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>		
<i>Business Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Cell Phone</i>	<i>Business Phone</i>	

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

<i>Email:</i>	<i>Mail Preference</i> ☐ Home ☐ Business
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4. Practical Experience

List below ALL of your work experience within the last **five (5)** years. This includes non respiratory care positions. Provide **FULL NAME AND COMPLETE ADDRESS** of your employers. Begin with your most current work experience and PROVIDE AN EXPLANATION FOR ANY GAPS IN EMPLOYMENT. Attach additional sheets if needed. **FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DELAY PROCESSING.**

Employer Full Name & Complete Address <i>(Begin with Oldest and include Military and Other)</i>	Employment Dates		Supervisor's Name	Brief Description of Duties Performed
	List mm/yy			
	<i>From</i>	<i>To</i>		
	<i>From</i>	<i>To</i>		
	<i>From</i>	<i>To</i>		

5. Certification

Indicate professional certifications/credentials which you currently or have previously held in respiratory therapy. Verification of NBRC credentials must be forwarded to the Board office directly from NBRC.

PROFESSIONAL ORGANIZATION	CERTIFICATION TYPE AND NUMBER	ISSUE DATE	EXPIRE DATE	CURRENT STATUS

6. Registration/License

Indicate registrations, licenses, or certifications in all states, including Wyoming, where you are currently or have been previously registered, licensed or certified in any healthcare profession. Note any registrations, licenses, or certifications not currently in good standing.

STATE	NUMBER	ORIGINAL ISSUE DATE	EXPIRATION DATE	CURRENT STATUS (i.e. Active, Inactive, Expired, etc.)

7. Education

List the educational institutions attended that satisfy the educational requirement for licensure

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DATE COMPLETED

8. Practice History	
If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.	
A Have you ever, or are you now, providing any of the services regulated by W.S. 33-43-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-43-117?	☐ Yes ☐ No
B Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	☐ Yes ☐ No
C Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	☐ Yes ☐ No
D Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership ?	☐ Yes ☐ No
E Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	☐ Yes ☐ No
F To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	☐ Yes ☐ No
G Have you ever been arrested?	☐ Yes ☐ No
H Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? <i>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>	☐ Yes ☐ No
I Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	☐ Yes ☐ No
J Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	☐ Yes ☐ No

9. Signature	
I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board for Respiratory Care, and W.S. § 33-43-101 through 118. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.	
Signature	Date