

Wyoming Board of Midwifery

2001 Capitol Avenue, Room 127
Cheyenne, WY 82002

LICENSURE VERIFICATION REQUEST

Section A: Instructions

This request is for an official stamped/sealed verification to be sent to the receiving jurisdiction. You must submit this form with the required fee of \$30.00 payable to the State of Wyoming by personal check, business check, cashier's check, or money order. Please do not mail cash.

A separate form and fee are required for each request.

Section B: Your Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Previous Names Used</i>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>Preferred Email</i>		

Section C: State/Agency Receiving Information

<i>State/Agency Name</i>			
<i>Contact Name</i>			
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email address if the state will accept it via this method. Please confirm with the state to avoid delays in processing.</i>			

Section D: Release of Information

I hereby authorize the Wyoming Board of Midwifery to release information relating to my license(s) to the agency listed above, including information relating to disciplinary action, suspension, or curtailment of privileges. I further agree to release and hold harmless the Wyoming Board of Midwifery, its agents, and all staff members from any and all liability for releasing such information.

<i>Signature</i>	<i>Date</i>
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Mail this form and the required fee to the address at the top of the page