

CHANGE OF INFORMATION LICENSE APPLICATION INSTRUCTIONS

Important Information: As of 07/01/2021 the Wyoming State Statute changed and the licensure fees have been changed. Please read the facility application form for the appropriate fee to be submitted.

- **The application is a Word fillable form and must be in print layout view. You must tab through the form to advance in the document.**
- An application for each facility must be submitted separately.
- Only checks are accepted for payment. Please make payable to:
Wyoming Department of Health
- **Submission:**

IF MAILED:

- If you mail the application in, please ensure it comes in as a complete application (signed, any attachments and fee included). Mail to address on the top of the application form.

IF EMAILED:

- If you Email the application, no original paperwork is required. Please ensure the facility name listed on the application form is clearly identified on the check, in order for payment to be credited to the proper facility. Each application requires a separate check. Submission of an original signature page is not required.
- Email applications to: wdh-ohls@wyo.gov
Please use the following Email subject line:

License Change – [List your facility name and type of facility here]

For further questions regarding the application process, the best method to contact HLS is by sending a detailed Email (include facility name and facility type) to: wdh-ohls@wyo.gov or tammy.schmitt@wyo.gov

If at any time during the licensure period there is a change in Administrator/Director, Director of Nursing/Nursing Supervisor or the main contact Email, please complete a Facility Change Form and submit it to our office. This form is located at: [HTTPS://HEALTH.WYO.GOV/AGING/HLS/FORMS-AND-POLICIES/](https://health.wyo.gov/aging/hls/forms-and-policies/)