

ANNUAL RENEWAL LICENSE APPLICATION INSTRUCTIONS

Important Information: As of 07/01/2021 the Wyoming State Statute changed resulting in a change to the licensure fees. Please read the facility application form for the appropriate fee to be submitted. Also, please read below as to whom the payment should be made to. **DO NOT** issue and/or send to the State Treasurer this year.

- **The application is a Word fillable form and must be used in print layout view. You must tab through the form to advance in the document.**
- An application for each facility must be submitted separately.
- The only acceptable form of payment is a check or money order. (Remember to send payment to the address at the top of the application form; otherwise payment may not be credited properly.) **Please make payable to: Wyoming Department of Health**
- If your application asks for admission and occupancy information, please make the calculations based on the following method:

OCCUPANCY RATE % EXAMPLE (April 1 – March 31)							
x = Determine Actual Total Resident Days of Care	Add up the total daily census for the year. Apr 1 = 10; Apr 2 = 15; Apr 3 = 15, etc. TOTAL = x						
y = Determine Available Total Residents Days of Care	Take the number of licensed beds X number of days in calendar year 105 lic beds x 365 days = y						
z = Determine Occupancy Rate Percentage	Actual Total Resident Days of Care ÷ Available Total Residents Days of Care x ÷ y = z						
EXAMPLE:	<table border="1" style="width: 100%;"> <tr> <td>x = 34,659 days</td> <td>(10+15+15+etc.)</td> </tr> <tr> <td>y = 38,325 days</td> <td>(105 x 365)</td> </tr> <tr> <td>z = 90%</td> <td>(34,659 ÷ 38,325)</td> </tr> </table>	x = 34,659 days	(10+15+15+etc.)	y = 38,325 days	(105 x 365)	z = 90%	(34,659 ÷ 38,325)
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- **Submission:**

IF MAILED:

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

IF EMAILED:

- If you Email in the application, no original paperwork is required. Please ensure the facility name (as 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. Send payment to the address at the top of the application form.
- Email applications to: wdh-ohls@wyo.gov

Please use the following Email subject line:

License Renewal – [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

If at any time during the licensure period (July to June) you have 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/) A form is not needed for a change in CEO or CFO, only for the two positions identified above.

If you have a change in ownership, location change, etc. a different application is required. For such a case, contact our office for proper application form.