

# ANNUAL RENEWAL LICENSE APPLICATION INSTRUCTIONS

- **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 left 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:

<b>OCCUPANCY RATE % EXAMPLE (April 1 – March 31)</b>	
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:	x = 34,659 days (10+15+15+etc.)
	y = 38,325 days (105 x 365)
	z = 90% (34,659 ÷ 38,325)

- **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 left of the application form.**

**IF EMAILED:**

- If you Email in the application, no original paperwork is required. Payment MUST be mailed in. **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 left of the application form.

- Email applications to: [wdh-ohls@wyo.gov](mailto:wdh-ohls@wyo.gov)

Please use the following Email subject line:

**License Renewal – [Then list your facility name and type of facility next to the dash]**

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](mailto: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.