

CCW Wyoming Health Provider (WHP) Portal File Naming Convention Guidelines



Document	Naming Convention
Aging Division License	Year.Month.Aging.ProviderName
Background Screening Results (most current) -Multiple Documents (National Sex Offender, DFS, DCI/FBI)	YearIssued.Background.LastName.FirstName.ProviderName
Certificate of Good Standing	Year.Month.CGS.ProviderName
Government Issued Photo ID	YearRequested.GovtID.Name.ProviderName
PERS Certificate/Authority	Year.Month.PERS.ProviderName
Professional Licenses	Year.Month.PL.LicenseType.ProviderName
Residential Agreements	Year.Month.RA.ProviderName
Residential Handbooks	Year.Month.RH.ProviderName
Service Documentation	Year.Month.ParticipantName.ServiceName
Staff Roster List	Year.Month.SR.ProviderName
Title III B Grant	Year.Month.TIII.ProviderName
Training Demonstration of Understanding	Year.Module.EmployeeLastName.EmployeeFirstName.ProviderName
Transportation Certificate	Year.Month.TC.ProviderName