

# Wyoming Board of Medicine

*Serving the public and practitioners since 1905*

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Matthew H. Mead  
Governor

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License No: \_\_\_\_\_

## AFFIDAVIT IN SUPPORT OF 2018-2019 RENEWAL OF EMERITUS (FORMERLY "VOLUNTEER") PHYSICIAN LICENSE

*As required by Rules & Regulations, Ch. 1, § 5(a)(v)(A)(I)*

I, \_\_\_\_\_, MD/DO, being first duly sworn, do hereby affirm and attest that I hold Wyoming medical license No. \_\_\_\_\_, my license is an emeritus (formerly "volunteer") license, and it is current and in good standing. I further affirm and attest that my medical practice continues to be without remuneration or is for nominal remuneration in a non-profit facility, and is in compliance with the provisions of the Wyoming Medical Practice Act, and the Rules and Regulations pertaining thereto, regarding to emeritus medical licensure. I understand that the renewal of my Wyoming emeritus medical license is conditioned upon completion and submission of this affidavit, and any misrepresentation herein may constitute grounds for investigation of, and disciplinary action against, my Wyoming medical license.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (printed or typed)**

### **IMPORTANT: THIS AFFIDAVIT MUST BE NOTARIZED**

County of \_\_\_\_\_ )  
 ) ss.  
State of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**When completed, signed and notarized, return with your 2018-2019 license renewal form to:**

Wyoming Board of Medicine  
130 Hobbs Avenue, Suite A  
Cheyenne, WY 82002