Wyoming Board of Medicine

Serving the public and practitioners since 1905

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Matthew H. Mead
Governor

Board of Medicine use only
License No: _____

AFFIDAVIT IN SUPPORT OF 2019-2020 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 facitilty, 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 2019-2020 license renewal form to:

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