Wyoming Board of Medicine

Serving the public and practitioners since 1905

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Matthew H. Mead
Governor

AFFIDAVIT IN SUPPORT OF 2018-2019 RENEWAL OF INACTIVE PHYSICIAN LICENSE

As required by Rules & Regulations, Ch. 1, § 5(a)(iv)

I, _____, MD/DO, being first duly sworn, do hereby affirm and attest that I hold Wyoming medical license No. _____, my license is an inactive license, and it is current and in good standing. I further affirm and attest that: (1) I no longer see patients or perform procedures in a clinical or office setting for any type of remuneration; (2) I do not, nor will I at any time while holding an inactive medical license, in any way hold myself out as actively engaging in the practice of medicine; (3) I am not presently seeing patients or practicing medicine, and do not intend to do so at any time during the period July 1, 2018, through June 30, 2019. I further affirm and attest that I remain in compliance with the provisions of the Wyoming Medical Practice Act, and the Rules and Regulations pertaining thereto, regarding to inactive medical licensure. I understand that renewal of my Wyoming inactive medical license is conditioned upon completion and submission of this affidavit. Any misrepresentation made herein, acceptance by me of remuneration for providing clinical services, or prescription of any medication by me 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