

# **Licensee list request**

**The Wyoming Board of Medicine will provide a list of licensees upon request to individuals or businesses who complete and submit the required form and payment via U.S. mail. Make checks payable to “Wyoming Board of Medicine”.**

**Lists will be provided in Excel format and will be sent to the email address provided.**

**Recipient agrees, upon receipt of the list, that the information contained will not be shared or sold to third parties.**

**Please allow three weeks from the receipt of your request to receive the requested list(s).**

**Information that will be included:**

- Name and professional title of licensee
- Public access address including city, state, zip
- License number
- License status
- Issue date
- Expiration date
- Board Certification
- Practice specialty

(List of available information set by W.S. § 33-26-408 and Board Rules, Ch. 6, § 3(a).)

Thank you for your interest.

# ***Board of Medicine Licensee list request***

Print this form and mail it with the required payment to:

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

Make checks payable to “Wyoming Board of Medicine”

List requested:

- Physicians only list: \$500
- Physician Assistants only list: \$100
- Both Physicians and Physician Assistants: \$550

Your information:

Business name, address, and phone number

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Requestor's name \_\_\_\_\_

Email address \_\_\_\_\_

Mail form and payment to:

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

Your list(s) will be sent within three weeks of our receipt of your request.

Illegible or incomplete requests or requests without payment will be returned

Licensee information may not be shared or sold to third parties