



WYOMING BOARD OF MEDICINE

APPLICATION TO **REACTIVATE** A WYOMING PHYSICIAN LICENSE

IMPORTANT NOTE: An application to **reactivate** a Wyoming physician license must be accompanied by all supporting documentation and the \$400, non-refundable application fee (in cashier's check or money order). Failure to submit any of these items, or to answer any question on this application form, will prevent processing of the application or the setting of a licensure interview, if one is necessary. [NOTE: This is not the form to be used for reinstatement of a Wyoming physician license.]

SECTION 1. IDENTIFYING INFORMATION

A. Full Name:

_____ Last

_____ First

_____ Middle

_____ Maiden _____ Mother's Maiden Name

Indicate Previous Names: _____
If name has changed, please attach written explanation of circumstances and supporting document(s).

B. Mailing Address:

_____ Street Address or Post Office Box

_____ City

_____ State _____ Zip _____ (Area Code) Phone Number

E-Mail: _____

C. Office Address:

_____ Street Address

_____ City

_____ State _____ Zip _____ (Area Code) Phone Number

E-Mail: _____

D. Social Security Number (**REQUIRED**):

E. Birthdate:

F. Birthplace

G. Gender

H. DEA Controlled Substance

I. Physical Description

Female

Male

Certification Number: _____

Height: _____ Hair Color: _____

Weight: _____ Identifying Marks: _____

SECTION 2. PRACTICE IN WYOMING

A. Intended Wyoming Location (City) _____

B. Do you plan to leave practice in your present location and practice primarily in Wyoming? _____

C. Medical Specialty _____

SECTION 3. EDUCATION *SINCE THE LAST DATE YOU HELD AN ACTIVE WYOMING LICENSE*

College	Area of Study	Date & Type of Degree
Graduate Study <u>Other</u> than Medicine	Area of Study	Date & Type of Degree

SECTION 4. MEDICAL EDUCATION *SINCE THE LAST DATE YOU HELD AN ACTIVE WYOMING LICENSE*

List name and location of institutions attended and dates:

Name and Location (<i>City and State</i>)	Dates of Attendance	
	Entrance – mm/dd/yy	Leaving – mm/dd/yy

Medical Diploma From: _____
(Name and Location) Date

SECTION 5. POSTGRADUATE TRAINING *SINCE THE LAST DATE YOU HELD AN ACTIVE WYOMING LICENSE*

List all internships, fellowships and residencies.

List name and location of institutions attended and date

Dates of Attendance

Name and Location (City and State)	Entrance – mm/dd/yy	Leaving – mm/dd/yy

SECTION 6. BOARD CERTIFICATION

A. Are you Board Certified? Yes _____ No _____ If Yes, Certification by American Board of _____

Date Certified: _____ Certification Number: _____

Is your certification current? Yes _____ No _____ If “Yes,” provide expiration date: _____

IF YOU ARE BOARD CERTIFIED, PLEASE PROVIDE A CURRENT COPY OF YOUR CERTIFICATION

B. If in the process of becoming Board certified, indicate the precise stage in process:

SECTION 7. MEDICAL SOCIETY MEMBERSHIPS:

List current medical society memberships:

SECTION 8. EMPLOYMENT ACTIVITIES *SINCE THE LAST DATE YOU HELD AN ACTIVE WYOMING LICENSE*

List employment activities and two references from each facility **since the last date you held an ACTIVE Wyoming medical license to present**. Vacation and unemployed periods must be included. Attach additional pages as necessary.

Employer/Activity	Location	Dates (mm/dd/yy)	
		From:	To:

Reference: _____ (Name) _____ (Address)

Reference: _____ (Name) _____ (Address)

Employer/Activity	Location	Dates (mm/yy)	
		From:	To:

Reference: _____ (Name) _____ (Address)

Reference: _____ (Name) _____ (Address)

Employer/Activity	Location	Dates (mm/yy)	
		From:	To:

Reference: _____ (Name) _____ (Address)

Reference: _____ (Name) _____ (Address)

Employer/Activity	Location	Dates (mm/yy)	
		From:	To:

Reference: _____ (Name) _____ (Address)

Reference: _____ (Name) _____ (Address)

SECTION 9. STAFF PRIVILEGES:

Please list the names and address of all facilities in which you **currently** hold practice privileges of any kind

SECTION 10. LICENSURE IN OTHER STATES AND/OR COUNTRIES:

Indicate states and or/countries in which you are or have been licensed. You must include all jurisdictions in which you have **ever** been licensed. Attach additional pages as necessary.

State	License No.	Date Issued	Obtained by (Exam/Reciprocity)	Valid
				Y N
				Y N
				Y N
				Y N
				Y N

IT IS NECESSARY TO SUBMIT THE ATTACHED VERIFICATION OF LICENSURE FORM TO EACH STATE/COUNTRY LISTED ABOVE AND REQUEST JURISDICTION RETURN IT DIRECTLY TO THE WYOMING BOARD OF MEDICINE

SECTION 11. PERSONAL AND PROFESSIONAL INFORMATION

IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS YOU MUST ATTACH A DETAILED EXPLANATION OF THE EVENT(S) REFERRED TO IN YOUR AFFIRMATIVE RESPONSE AND PROVIDE COMPLETE AND LEGIBLE DOCUMENTATION REGARDING SUCH EVENT(S). YOUR APPLICATION WILL NOT BE PROCESSED FURTHER UNLESS AND UNTIL THE BOARD RECEIVES SUCH EXPLANATION AND DOCUMENTATION AND, IF APPROPRIATE, INVESTIGATES SUCH MATTERS.

I. DEFINITIONS: The following definitions apply to this section:

- A. “Ability to practice medicine” includes all of the following:
 - 1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasonable medical judgments and to learn and keep abreast of medical developments.
 - 2. The ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids and devices such as voice amplifiers; and
 - 3. The physical capability to perform medical tasks such as physical examination and surgical procedures with or without the use of aids or devices such as corrective lenses or hearing aids.
- B. “Chemical Substances” includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes in accordance with the prescriber’s direction, as well as those used illegally.
- C. “Medical Condition” includes mental or psychological conditions or disorders such as, but not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

II. QUESTIONS

A. Since you last held an active Wyoming medical license, have you been convicted of, pled guilty to, pled nolo contendere to, or are there charges pending against you for any crime including felonies, misdemeanors, municipal ordinances, /or any military code of justice violations, including driving under the influence of any intoxicating substance but not including non-moving traffic violations or moving violations which did not involve alcohol or substance impairment?)

If your answer to this question is “Yes” please provide a complete written explanation including:

- a. the name and location of the court where you were charged and the docket number of your case;
- b. the offense(s) to which you pled or were found guilty;
- c. all terms of the sentence imposed;
- d. whether you have completed the sentence;
- e. the date the sentence was imposed; and
- f. if applicable, the name, address, and telephone number of your probation officer.

Attach a copy of the sentencing order and any orders indicating that the sentence has been completed.

B. Do you at this time have any medical condition which, in any way, impairs or limits, or might impair or limit your ability to safely and skillfully practice medicine?

If your answer to this question is “Yes”, please provide a complete written explanation including:

- a. the diagnosis;
- b. the treatment plan and prognosis;
- c. the name, address, and telephone number of your treating physician;
- d. the manner in which the condition impairs your ability to safely and competently practice medicine;
- e. any restriction or conditions imposed upon your practice by any licensing agency or health care facility due to such condition; and
- f. how you intend to accommodate such condition in the practice you intend to conduct in the State of Wyoming?

Attach to your answer the most recent medical records and/or a written report from your treating physician describing the diagnosis, the current treatment regime, a prognosis and any limitations arising from such condition

Yes	No

<p>C. Within the past five (5) years have you been hospitalized for, missed work because of, or been significantly impaired by, any mental or emotional condition?</p> <p><i>If your answer to this question is "Yes", please provide a complete written explanation including:</i></p> <ul style="list-style-type: none"> a. the circumstances and the diagnosis; b. the treatment you are undergoing; and prognosis; c. the name, address, and telephone number of your treating physician; d. the manner in which the condition impairs your ability to safely and competently practice medicine; e. any restriction or conditions imposed upon your practice by any licensing agency or health care facility due to such condition; and f. how you intend to accommodate such condition in the practice you intend to conduct in the State of Wyoming? <p><u>Attach to your answer the most recent medical records and/or a written report from your treating physician describing the diagnosis, the current treatment regime, a prognosis and any limitations arising from such condition.</u></p>	Yes	No
<p>D. Within the last five (5) years have you been evaluated, diagnosed or treated in any manner for any substance use disorder including, but not limited to, alcohol, tranquilizers, sedatives, psychoactive medications, cocaine, marijuana, opiates, benzodiazepines or any other narcotic or potentially addicting substance?</p> <p><i>(If you have a fully executed contract with the Wyoming Professional Assistance program you may answer "NO" to this question)</i></p> <ul style="list-style-type: none"> a. the treatment; b. the name, address and telephone number of your treating physician; c. any restriction or conditions imposed upon your practice by any licensing agency or health care facility due to such condition; and d. how you intend to accommodate such condition in your practice you intend to conduct in the State of Wyoming <p><u>Attach to your answer any agreement between you and any professional assistance organization, AA or other rehabilitation and/or monitoring group.</u></p>	Yes	No
<p>E. Since you last held an active Wyoming medical license, have you been reprimanded, demoted, disciplined, cautioned, placed on probation, taken leave for any reason or terminated by any employer, educational institution or training program for any reason?</p> <p><i>If your answer to this question is "Yes" please provide a complete written explanation including:</i></p> <ul style="list-style-type: none"> a. the circumstances leading to the action; b. the effective date of the action; c. the name, title, address, and phone number of the person/s taking such action; and d. the resolution and/or current status of such action. <p><u>Attach to your answer any paperwork pertinent to this action.</u></p>	Yes	No
<p>F. Since you last held an active Wyoming medical license, have you been or are you now under investigation or have any adverse charges or complaints been filed against you by any education training program or facility, medical licensing board, local, state, federal or military professional or disciplinary body or any hospital privileging or credentialing body, grievance committee or any other medical group, including medical societies and specialty boards?</p> <p><i>If your answer to this question is "Yes" please provide a complete written explanation including:</i></p> <ul style="list-style-type: none"> a. the charges against you; b. the name, address, and telephone number of the entity before whom such charges were brought; c. the date the action was initiated; d. the outcome of the action; e. any restriction or conditions imposed upon your practice as a result of the action; and f. how you intend to accommodate such restriction or condition in the practice you intend to conduct in the State of Wyoming <p><u>Attach to your answer all records of the action including final orders and/or findings.</u></p>	Yes	No
<p>G. Since you last held an active Wyoming medical license, have you been denied licensure privileges or membership by any licensing board, hospital medical facility, professional society, specialty board or medical body?</p> <p><i>If your answer to this question is "Yes" please provide a complete written explanation including:</i></p> <ul style="list-style-type: none"> a. the basis for denial; b. the name, address, and telephone number of the entity which denied your application; and c. the date the denial was issued. <p><u>Attach to your answer all records of the application and denial process including final orders and/or findings.</u></p>	Yes	No

<p>H. Since you last held an active Wyoming medical license, have you withdrawn an application for privileges or licensure in any jurisdiction?</p> <p><i>If your answer to this question is "Yes" please provide a complete explanation including:</i></p> <ul style="list-style-type: none"> a. the name, address and telephone number of the entity to which you had applied; b. the license, privilege or membership applied for; c. the date you withdrew the application; d. the reason for the withdrawal; and e. whether the withdrawal was permitted by the entity in lieu of a denial of the application. <p><u>Attach to your answer all records of the application and withdrawal process including final orders and/or findings.</u></p>	Yes	No
<p>I. Since you last held an active Wyoming medical license, have any professional liability claims been filed against you, or professional liability claims been paid on your behalf?</p> <p><i>If your answer to this question is "Yes" please indicate how many and provide a complete written explanation for each claim including:</i></p> <ul style="list-style-type: none"> a. the name and location of the court where the action was filed and the docket number of the case; b. the allegations of the claim against you; c. the manner in which the claim was resolved; d. the amount, if any, paid to the claimant by you and/or your insurance carrier; and e. the date the claim was resolved. <p><u>Attach a copy of any final judgment, order or settlement documents that relate to the disposition of the claims against you.</u></p>	Yes	No
<p>J. Since you last held an active Wyoming medical license, has a professional liability insurance carrier terminated your coverage?</p> <p><i>If your answer to this question is "Yes" please provide a complete written explanation including:</i></p> <ul style="list-style-type: none"> a. the name address and telephone number of the company which terminated coverage; b. the basis for termination; and c. the date of the termination. <p><u>Attach a copy of any correspondence or other documentation which relates to the denial of coverage.</u></p>	Yes	No

SECTION 12. AFFIDAVIT

I, _____, being first duly sworn, certify under oath that I am the person named in this application and supporting documents and that I am the person named in the various forms and credentials furnished in support of this application and that all documents, forms or copies furnished or to be furnished are absolutely true and accurate.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, previous and present employers, past and present business and professional associates, and local state, federal or foreign governmental agencies and instrumentalities to release to the Wyoming Board of Medicine all information, files or records requested by the Board in connection with the processing of this application. I further authorize the Wyoming Board of Medicine to release to the organizations, individuals, and groups listed above any information which is or may be material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare under potential penalty of false swearing that my answer and all statements are true and correct and current as of the date of this application. I hereby agree that the act of submitting false, misleading or erroneous information, or the failure to provide any of the requested information (including answers to any questions on this application form), shall constitute cause for denial, suspension or revocation of my license to practice medicine and surgery in the State of Wyoming and may have criminal ramifications. I further agree to furnish to the Wyoming Board of Medicine any and all additional information pertaining to questions in this application which may come to light after the date of this application. Moreover, I understand that should I violate any provision of the Medical Practice Act of the State of Wyoming, my license may be subject to revocation, suspension or restriction or other disciplinary action.

(Signature of Applicant)

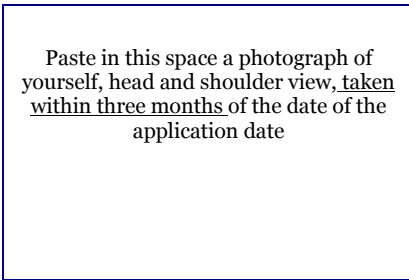
County of _____

State of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

Seal





WYOMING BOARD OF MEDICINE

Verification of Out-of-State Medical License

Make photocopies as necessary

I, _____, hereby authorize the _____
(Full name) (Licensing Authority)
_____ to furnish to the Wyoming Board of Medicine the
required information necessary for medical licensure in the State of Wyoming.

Signature _____ License No. _____ Social Security No. _____

Current Address _____

City, State, ZIP Code _____

Medical Board: Please provide the following information and return the completed form directly to the Wyoming Board of Medicine at the address above.

Licensee Full Name: _____

Graduate of: _____ Date: _____

License No.: _____ Date Issued: _____

Current Status: _____ Expiration Date: _____

Basis of Licensure:	() USMLE	() LMCC
	() National Board	() FLEX
	() Other	() NBOME/COMLEX
	() Reciprocity/Endorsement With:	_____
	() State Board Exam	
	() Composite of FLEX or National Boards and USMLE	

1. Is the above-named applicant the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes: _____ No: _____

2. Have disciplinary proceedings ever been initiated against the above-named applicant by any licensing or disciplinary authority in your state? Yes: _____ No: _____

3. Has the above-named applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspending or in any other manner limited by a licensing or disciplinary authority in your state? Yes: _____ No: _____

Comments: _____ [AFFIX SEAL HERE]

Board Name _____

Signature _____

Address _____

Title _____

City, State, ZIP Code _____

Date _____



WYOMING BOARD OF MEDICINE

Physician Reference Questionnaire

All responses are kept in the confidential application file

This 2-page form may be duplicated as necessary – **Please type or print legibly**

Applicant Name: _____ Date: _____

Name of Referring Physician: _____, MD/DO

Referring Physician Specialty or Primary Area of Practice: _____

Address: _____

City/State/Zip _____

Telephone:* _____ E-mail:* _____

** We often contact references to confirm information, and appreciate your cooperation in that effort.*

Using “1” (Unsatisfactory) to “5” (Outstanding), please rate this physician in the following areas compared to his/her peers. If you do not have enough information to make a judgment, please indicate. Please add comments to help us understand your rating.

Subject

Comments

Clinical Knowledge/Judgment	1	2	3	4	5
Technical Skill	1	2	3	4	5
Character	1	2	3	4	5
Communication	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Ability to work cooperatively with others	1	2	3	4	5
Ability to seek help from colleagues when needed	1	2	3	4	5
Ability to respond to patients’ needs when on-call	1	2	3	4	5
Having a respectful demeanor and sensitivity to patients’ needs	1	2	3	4	5
Adherence to acceptable standards of professional practice	1	2	3	4	5

OVERALL PATIENT CARE (please explain in detail any negative responses)

1. How have you known this applicant and for how long?

Applicant Name: _____

Referring Physician Name: _____, MD/DO

2. What are this physician's strengths / weaknesses?

3. Has the applicant ever shown signs of any behavioral, drug or alcohol problems?

4. Has the applicant ever been a defendant in a criminal action (felony or misdemeanor)?

5. Does the applicant's health allow for the safe and competent practice of medicine?

6. Have you any knowledge of disciplinary action taken against the applicant by any medical licensing board, hospital or other healthcare facility?

7. Is there anything that this applicant needs to change to be a better physician?

8. Would you have this physician care for your family members and friends? Please explain.

9. If you have any concerns about this applicant, please explain.

Signature of referring physician

Date

Please complete and return both pages of this form to:
Wyoming Board of Medicine
130 Hobbs Ave., Suite A
Cheyenne, WY 82002



WYOMING BOARD OF MEDICINE

Citizenship and Alien Status Declaration

TO THE APPLICANT: Pursuant to federal law, before the State of Wyoming Board of Medicine may issue a license, the applicant must certify his or her legal presence in the United States. The applicant must provide proof that he or she is either: (A) a citizen or national of the United States; or, (B) a qualified alien or non-immigrant lawfully present in the United States who is eligible to receive a professional license as defined in Personal Responsibility and Work Opportunities Reconciliation Act of 1996, 8 U.S.C. § 1601, *et seq.*

Applicants must submit the required proof of legal presence documentation with their application for a Wyoming medical license. **Applicants should ONLY submit a legible photocopy of the document(s). DO NOT SUBMIT THE ORIGINAL DOCUMENT(S).** Submit this form and the photocopied document(s) to:

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

Failure to submit this form and required document(s) will delay processing of your application.

Section 1 – Applicant Information

Applicant's Name (Printed): _____

Section 2 – Citizenship/Immigration Status Declaration

- Are you a citizen or national of the United States? Yes No
If No, go to Sections 3 and 4, below.
If Yes, where were you born (City, State, and Country):

- To establish proof of citizenship or nationality, attach and submit a legible and unaltered photocopy of one of the documents on **List A** (see Page 2).
- Go to Section 4, below.

Section 3 – Alien Status Declaration

Indicate your alien status below and submit legible and unaltered photocopies of documents proving such status. The alien status documents for each category as set forth on **List B** (see Page 2) are the most commonly-used documents that the U.S. Immigration and Naturalization Service provides to aliens in those categories.

- | | |
|--|---|
| <input type="checkbox"/> An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). | <input type="checkbox"/> An alien whose deportation is being withheld under Section 243(h) of the INA. |
| <input type="checkbox"/> An alien who is granted asylum under Section 208 of the INA. | <input type="checkbox"/> An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. |
| <input type="checkbox"/> A refugee admitted to the United States under Section 207 of the INA. | <input type="checkbox"/> An alien who has been declared a "battered alien." |
| <input type="checkbox"/> An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. | <input type="checkbox"/> An alien not in the preceding seven (7) categories who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. |

Section 4 – Declaration

I declare under penalty of perjury under the laws of the State of Wyoming that the answers I have given are true and correct to the best of my knowledge.

Applicant's Signature

Date

LIST A – ACCEPTABLE DOCUMENTS TO ESTABLISH U.S. CITIZENSHIP/IMMIGRATION STATUS

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
3. A birth certificate or passport issued from:
 - Puerto Rico, on or after January 13, 1941;
 - Guam, on or after January 17, 1917;
 - U.S. Virgin Islands, on or after January 17, 1917;
 - Northern Mariana Islands, after November 4, 1986;
 - American Samoa;
4. Swain's Island; or,
5. District of Columbia.
4. A U.S. passport (expired or unexpired).
5. Certificate of Naturalization (N-550, N-57, N-578).
6. Certificate of Citizenship (N-560, N-561, N-645).
7. U.S. Citizen Identification Card (I-179, I-197).
8. An individual Fee Register Receipt (Form-G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other document which establishes a U.S. place of birth or indicates U.S. citizenship.

LIST B – ACCEPTABLE DOCUMENTS TO ESTABLISH ALIEN STATUS

An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA) must submit supporting documentation (legible copy of the front and backside of the document) to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant Letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
 - INS Form I-668B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes:
 - INS petition and supporting documentation.