



David D. Freudenthal  
Governor

# Wyoming

## STATE BOARD OF NURSING

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**JANUARY, 2010**

**MEMORANDUM TO: APPLICANTS DESIRING CERTIFICATION OR LICENSURE**

**FROM: WYOMING STATE BOARD OF NURSING (WSBN)**

**SUBJECT: Application Process—Criminal History Questions**

When submitting an application for certification as a nursing assistant or applying for licensure as a nurse, you are required to answer questions related to the following:

1. Disciplinary action taken (or pending) against you from a licensing authority (such as another state board of nursing or ANY other regulatory agency);
2. Denial of certification or licensure by a licensing authority (such as another state board of nursing or ANY other regulatory agency);
3. Investigations or charges (pending or completed) related to abuse, neglect or misappropriation of property;
4. Having a history of a physical or mental disability which may make you unable to practice nursing or perform duties with reasonable skill and safety;
5. Having a history of abusing or being addicted to any controlled substance, a regular user of any controlled substance with or without a prescription, or habitually intemperate in the use of intoxicating liquor (pattern of making poor decisions related to alcohol use).
6. Having been terminated, fired or permitted to resign in lieu of termination from a nursing or other health care position because of use of alcohol or any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects;
7. Having been arrested for an alcohol or drug-related offense; and/or
8. Having been convicted, pled guilty to, pled nolo contendere to, or have charges pending for any crime including felonies, misdemeanors, municipal ordinances, and/or any Uniform Code of Military Justice violations, including driving under the influence of any intoxicating substance. Note: *you do not need to report* non-moving traffic violations (for example, a ticket for not wearing a seat belt or having a tail light out) or moving violations (for example, a speeding ticket) which did not involve alcohol or substance abuse.

**YOU MUST ANSWER ALL QUESTIONS TRUTHFULLY.** Failure to provide truthful information may provide grounds for denial of certification or licensure [Administrative Rules and Regulations, Chapter 3, Section 4(a)(i)(A) & Chapter 7 Section 10(b)(i)(M)]. If you answer “YES” to any of the above questions you must submit the following:

1. Description of the incident or disability in your own words (**Personal Statement**);
2. Documents from the court, licensing authority (i.e. other state board of nursing) or results of evaluations (substance abuse evaluations, anger evaluations, etc) (**Documentation**).

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***Description of the Incident or Disability (Personal Statement) must be TYPED*** to provide a clear and professional statement to the Application Review Committee at the Wyoming State Board of Nursing. Remember to ***SIGN and DATE*** your personal statement. ***Handwritten statements will be returned.***

**1. Describe the Incident or Disability in Your Own Words (Personal Statement)**

Answer all questions truthfully. If your answer is “YES” to any of the criminal history questions, you must provide a *Personal Statement* which includes a *full description of the incident in your own words*. Your personal statement must include the following:

1. Month and year of the incident;
2. Full description of the incident;
3. Legal/court action taken against you;
4. Treatment and outcome of treatment if applicable (i.e. mental health, substance abuse, etc.);
5. What you learned;
6. Changes in your behavior and decision-making as a result of your criminal past;
7. How you can assure the Application Review Committee that you will not repeat this type of behavior; and
8. Date and legible signature.

If your answer is “YES” to any of the mental or physical disability history questions, you must provide a *Personal Statement* which includes a *full description of the disability in your own words*. Your personal statement must include the following:

1. Month and year of the onset of the condition;
2. Full description of the disability/condition;
3. Legal/court action taken against you (if applicable);
4. Treatment and outcome of treatment (i.e. seizure disorder, mental health, substance abuse, etc.);
5. Coping strategies that ensure your ability to practice nursing or perform duties with reasonable skill and safety;
6. Progress report from counselor/physician;
7. Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized); and
8. Date and legible signature.

**Sample Personal Statements**

**UNACCEPTABLE:**

*I was convicted of DWUI in June 2008. Everything has been taken care of, and my case has been closed.*

**ACCEPTABLE:**

*I was convicted of DWUI in June 2008. I went out to dinner with friends and consumed a couple of drinks, then switched to drinking coffee. I thought I was okay to drive home. I was stopped for running a red light and the officer asked me if I had been drinking. I replied that I had two drinks with dinner earlier in the evening, and was asked to submit to a sobriety test. I failed the sobriety test and was arrested. I went to court in July and was sentenced to 6 months of unsupervised probation, which I completed successfully, and a \$600 fine, which has been paid in full. Enclosed are my court documents, including judgment and sentence information, probation conditions, release from probation, and proof that my fines have been paid. As a result of this conviction, I have learned a huge lesson, and I no longer consume alcoholic beverages outside of the safety of my own home.*

*December 1<sup>st</sup>, 2090 Tom Doe*

## Sample Personal Statement (continued)

### **UNACCEPTABLE:**

*I was diagnosed with bipolar disorder. I'm OK now.*

### **ACCEPTABLE:**

*I was diagnosed with bipolar disorder in January of 2006 following a period of extreme emotional instability. After being involuntarily admitted to Bear River Behavior Center for 72 hours, I changed my admission status to "voluntary" after realizing my need for treatment which included daily medication and weekly counseling sessions with oversight by Dr .Smith. For the past two years, I have made much progress by consistently taking my medications and now have monthly follow-up with my counselor and see the psychiatrist every six months. Therefore, I feel well prepared to provide patient care. I am enclosing a copy of my discharge summary from Bear River Behavior Center, a letter from my counselor and a note from my psychiatrist. Jane Doe*

## 2. Documentation

### **Court Documents**

If your answer is "YES" to any of the criminal history questions, send in all court documents from the beginning of the arrest to the final disposition of your case. The following court documents are required:

1. Charging document; sometimes called the information sheet;
2. Judgment and Sentencing;
3. Proof of compliance with the court orders:
  - i. Court fines were paid;
  - ii. Probation completed without problems;
  - iii. Classes attended; and
  - iv. Evaluations completed and subsequent action on that evaluation.

All court documents are required even if the charge(s) was pled down to a lesser charge, deferred, dismissed, etc.

### **Documentation of Mental or Physical Evaluation Results**

If your answer is "YES" to any of the mental or physical disability history questions, the following documents are required:

1. Progress report from counselor/physician; and
2. Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized).

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### **Criminal Background Check**

When you submit your application, you are required to submit fingerprint cards for a criminal background check. It is very important to understand that:

1. Wyoming Law does not have a time limit on disclosures of past convictions;
2. Every application is reviewed on an individual basis; and
3. Fingerprints / Background Check reveal:
  - a. All charges in all states regardless of your age at time of offense; and
  - b. Any charges (even charges you were told were dismissed or expunged).

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### **What Happens When the Application is Complete?**

The WSBN Compliance and Discipline staff members perform the investigation and assemble all the materials/information. The information is sent to the Application Review Committee (ARC), *consisting of at least one (1) or more designated board members assigned to review the matter* [Administrative Rules and Regulations, Chapter 8 Section 8(c)]. Members of the ARC review all materials, ask for more information if needed and decide based on the following:

- Passage of time – how recent was the crime(s) or incident;
- Repeated, habitual crimes;
- Felony versus misdemeanor (although the nature of the crime is the primary consideration);
- Compliance with the court orders (probation, payment of fines, attendance at anger management or driving classes, evaluations, etc.);
- Results of evaluations (substance abuse evaluations, anger evaluations, etc.)
- How the crime relates to nursing practice and public safety (for example, a history of domestic violence may be considered a risk for harming a vulnerable patient); and
- Probation status

NOTE: The applicant is solely responsible for composing the personal statement and providing all required documents. WSBN staff may not provide further advice or counsel on the documents that the ARC requires **OTHER THAN THIS FACT SHEET**.