

CHANGE IN INFORMATION FORM

Alabama Board of Nursing Approved Provider of Continuing Education

(Date)

Thank you for notifying the Alabama Board of Nursing Board of changes in contact person, physical address, telephone number, email address, change in ownership or any other pertinent information for your ABN Approved Provider Number.

Please complete the form below and return by fax (334) 293-5201, by mail to ABN, PO Box 303900, Montgomery, Alabama 36130-3900 or by e-mail to Joyce.Jeter@abn.alabama.gov

Change is in (mark all that apply): Name of Agency/Facility Contact Person Record Keeper
 RN Nurse Consultant Address(es) Phone Number(s) Email Address(es)

NAME OF PROVIDER: _____

ABNP Number: ABNP _____

Physical Address: _____

Mailing Address: _____

Program Director/Contact Person (This is the person responsible for the overall administration of the provider number, i.e. approving classes, transmitting files, assuring compliance with the Alabama Board of Nursing criteria, equipment management and software, etc.): _____

Telephone Number of PROGRAM DIRECTOR: _____ **Fax** _____

EMAIL ADDRESS of Program Director _____

Name of RECORD KEEPER for Provider Files: _____

Record Keeper's Telephone Number: _____

Record Keeper's Email Address: _____

RN NURSE CONSULTANT _____ **License Number** _____

PERSON COMPLETING THE FORM AND TITLE: _____ **Phone:** _____

Thank you for assisting us to better serve you,

Joyce Jeter, Nurse Consultant