



ALABAMA BOARD OF NURSING

PO Box 303900

Montgomery, AL 36130-3900

Phone: 800-656-5318 Website: www.abn.alabama.gov

**REQUEST FOR VERIFICATION OF NURSING LICENSE
FOR ENDORSEMENT INTO ALABAMA**

To Applicant: Go to www.nursys.com *first* to see if the original state of licensure is a participating member for obtaining official verification. If the state of original licensure does not participate in Nursys® for verification – contact that Board of Nursing for the applicable fee to be mailed with this completed form. The completed form and fee should then be mailed to the original state of licensure for processing.

Name: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: _____

Original License Number: _____ Date issued: _____

Name & Location - Nursing Education Program: _____

Date of Graduation: _____

By signing below, I hereby authorize the _____ Board of Nursing to furnish the Alabama Board of Nursing with an official verification.

Signature: _____

To the licensing authority of the original state of licensure: Please attach your official verification report to this form and mail directly to:

Attn: Endorsements
Alabama Board of Nursing
PO Box 303900
Montgomery, AL 36130-3900

Thank you.

This form is only to be used for obtaining verification from those states that DO NOT participate in Nursys®.