



ALABAMA BOARD OF NURSING

PEGGY SELLERS BENSON, RN, MSHA, MSN, NE-BC

EXECUTIVE OFFICER

www.abn.alabama.gov

RSA Plaza, Suite 250
770 Washington Ave
Montgomery, AL 36104

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900
(334) 293-5200 or 1-800-656-5318
Fax (334)293-5201

Clinical Site Authorization Request

Graduate Nursing Student Information:			
Name:			
Address:	Street or P.O. Box #:	City/State:	Zip Code:
Telephone:	() -	Email:	
Alabama RN License No.:	1 -		
Graduate Nursing School:			
Clinical Site Request approvals will be sent to the Graduate Nursing Student and Faculty via email.			

Submission Checklist:	
<i>Initial Here</i>	Course Name and Learning Objectives information included. (.pdf or Word document attachment)
<i>Initial Here</i>	I understand that the clinical site addresses matters that are of <i>regulatory or public health</i> interest.
<i>List Area Here</i>	Requested area: Administration, Practice, Continuing Education, Education Programs, Advanced Practice, Voluntary Discipline Alternative Program, Legal
<i>Initial Here</i>	I understand that, if approved, I would be subject to a Confidentiality Agreement.

Graduate Nursing Student:

Faculty Recommendation:

(Print Name)

(Print Name)

(Signature)

(Signature/Title)

(Email)

Submit to: anrc@abn.alabama.gov

Subject: Clinical Site Request