

**ALABAMA BOARD OF NURSING  
P. O. BOX 303900  
MONTGOMERY, ALABAMA 36130-3900**

**NOTIFICATION OF RECEIPT OF ORDER OR AGREEMENT**

<b>Licensee Information</b>	<b>Select Compliance Monitor</b>
<b>NAME:</b>	___VDAP Telephone: 334-293-5228 Fax: 334-293-5201 e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a>
<b>LICENSE #:</b>	___Probation Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a>
<b>CASE #:</b>	

**Instructions:** The nurse named above is monitored by the Alabama Board of Nursing in Probation OR the Voluntary Disciplinary Alternative Program (VDAP). The appropriate Board contact is marked. The undersigned current/prospective employer of the nurse named above, hereby acknowledges that you have been furnished a copy of the Board Order or Agreement, have read the contents of the Board Order or Agreement, and can abide by such terms.

Please complete the information requested below and return to the Board contact noted above as soon as possible. The information is required to set up on-line monitoring for this nurse. Please contact the Board if you have any questions.

Nurse's Anticipated  
or Actual Date of Hire:

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Nurse's Date of Return  
To Work:

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Nurse's Position & Clinical Area and Shift	
Employing Agency & Mailing Address	
Nurse's SUPERVISOR & Title (please print)	
Supervisor's Business Telephone	
Supervisor's Business E-mail Address	
Names of On-Site Monitor(s) and Title(s)	

**Supervisor's Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return the completed form to the attention of the Compliance Monitor indicated at the address printed above.**