



# 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

## CE Development Authorization Request

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

Submission Checklist:	
<i>Initial Here</i>	<b>Course Name and Learning Objectives information included. (.pdf or Word document attachment)</b>
<i>Initial Here</i>	<b>I understand that the CE offering shall address matters that are of <i>regulatory or public health</i> interest.</b>
<i>List Area Here</i>	<b>CE topic area: Administration, Practice, Continuing Education, Education Programs, Advanced Practice, Voluntary Discipline Alternative Program, Legal</b>
<i>Initial Here</i>	<b>I understand that, if approved, I would be subject to an Educational Sharing Agreement.</b>

### Graduate Nursing Student:

### Faculty Recommendation:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Email)

Submit to: [anrc@abn.alabama.gov](mailto:anrc@abn.alabama.gov)

Subject: *CE Development Request*