

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

Continuing Care/Aftercare Providers

Licensee Information	Select Compliance Monitor
NAME:	___VDAP Telephone:334-293-5228 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
LICENSE #:	___Probation Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
CASE #:	

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 should be marked by the licensee.

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.

Facilitator Name & Credentials	
Agency Name & Mailing Address	
Facilitator Business Telephone	
Facilitator Business E-mail Address	

Signature of Facilitator: _____ **Date:** _____