

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

Individual/Group Counseling Providers

Licensee Information	Select Compliance Monitor
NAME:	<input type="checkbox"/> VDAP Telephone: 334-293-5228 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
LICENSE #:	<input type="checkbox"/> 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 is marked.

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.

Counselor Name and Credentials	
Agency Name & Mailing Address	
Counselor Business Telephone	
Counselor Business E-mail Address	

Signature of Counselor: _____ **Date:** _____