



Alabama Board of Nursing
 Peggy Sellers Benson, RN, MSHA, MSN, NE-BC
 Executive Officer

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 770 Washington Ave
 Montgomery, AL 36104

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 (334) 293-5200
 1-800-656-5318
 Fax (334) 293-5201

Mailing address:
 P.O. Box 303900
 Montgomery, AL 36130-3900

APPLICATION FOR REACTIVATION OF AN INACTIVE NURSING LICENSE

Name: _____ **License Number:** _____

Address: _____

Telephone: _____ **Email:** _____

Application Checklist	
	Application fee included (<i>non-refundable</i>) a. If application is made within two years of retiring the license, the cost is \$600 (\$500 reactivation fee + \$100 renewal fee). b. If application is made after two years of retiring the license, the cost is \$250 (\$150 reactivation fee + \$100 renewal fee).
	Payment Type: _____
	Citizenship/Legal Presence Checklist included, if the applicant has not previously been verified by the Board (see website; form is separate from this application).
	At least 24 hours of continuing education earned within the previous 24 months and documented under My Profile on the ABN website (www.abn.alabama.gov).

YES	NO	Regulatory Questions
		1. Since your last renewal, excluding minor traffic violations*, have you (check all that apply):
		Been convicted of any crime in any state, municipality, territory, or country?
		Entered a plea of guilty to any crime in any state, municipality, territory, or country?
		Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
		Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
		Had judgment withheld for any crime in any state, municipality, territory, or country?
		Received pretrial diversion for any crime in any state, municipality, territory, or country?
		Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
		Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?

		Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?
*Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation."		
		2. Since your last renewal, have you abused alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances or received treatment or been recommended for treatment for dependency on alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?
		3. Do you have any pending criminal charges?
		4. Since your last renewal, have you had, or do you now have, a physical or mental health problem that may impair your ability to provide safe nursing care?
		5. Since your last renewal, has the licensing authority of any state, territory, or country denied, revoked, suspended, reprimanded, fined, accepted your surrender of, restricted, limited, placed on probation, or in any other way disciplined your nursing and/or any other occupational license, registration, certification, or approval?
		6. Is the Board of Nursing or other licensing authority of any state, territory, or country, including, but not limited to, the Alabama Board of Nursing, currently investigating you or is any such action currently pending against you?
		7. Since your last renewal, have you been placed on a state and/or federal abuse registry?
		8. Since your last renewal, has any employer discharged you from or asked you to resign from any nursing employment for any of the following reasons:
		(a) any issue regarding your practice of nursing?
		(b) the accessing of, administering of, and/or accounting for controlled substances?
		(c) suspected impairment in the workplace?
		(d) unprofessional conduct?
		9. Since your last renewal, has any branch of the armed services administratively discharged you with any characterization of service besides "General" or "Honorable" and/or have you been found guilty by a court-martial?

Attestation: I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

Signature of Applicant: _____ **Date:** _____