Alabama Board of Nursing

LOAN REPAYMENT PROGRAM

Post-Graduation

Employment Verification

Do not leave blanks. Submit immediately upon employment.

LOAN REPAYMENT RECIPIENT

Hire Date:

Name:

Address:

City:	**State:**	**Zip:**

Email:

Best Phone Number:

I certify that I am serving at the site listed on the right.

Signature:___________________________________

Nursing License Number:_______________________

Date:_______________________________________

IMPORTANT INFORMATION

* Definition of: **"FULL-TIME EMPLOYMENT"**

For all loan recipients, *at least 36-40 hours of the week are spent providing direct care at the physical location of an approved and eligible site as determined by the Alabama Board of Nursing.*

EMPLOYER SECTION

Site Name:

Address:

City:	**Zip:**

I have reviewed the requirements and certify that the loan recipient: *(check all that apply):*

Is currently employed at this site and **WILL WORK:**

☐ **Full-time** - a minimum of 36-40 hours per week as a CRNP, CNM, or a CRNA.

The certifications and information provided above are true, accurate, and complete to the best of my knowledge and belief. I have read and understand the definition of "full-time employment" as it is printed on this verification form.

Signature:

Printed Name:

Title:

Date:

Phone Number:

Email:

The administrator (not the recipient) may mail, fax, or scan and email the service form to:

Mail: ABN PO Box 303900, Montgomery, AL 36130-3900 **Fax:** 334-293-5201 **Email: LoanRepaymentProgram@abn.alabama.gov** **Phone:** 334-293-5200