

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

Continuing Care/Aftercare Providers

Licensee Information	Select Compliance Monitor
NAME:	<input type="checkbox"/> VDAP Telephone: 334-293-5239 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: You must provide appropriate release of information to allow your Aftercare provider to submit to the Board evidence of your attendance, participation, and progress in the program.

Cause your Continuing Care/Aftercare Provider to complete this form and return it to your ABN Compliance Monitor.

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

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

Return the completed form to the attention of the Compliance Monitor selected above.