ALABAMA BOARD OF NURSING
Natalie Baker, DNP, ANP-BC, GNP-BC, CNE, FAANP, FAAN
Executive Officer
RSA Plaza, Suite 250, 770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
Fax: (334) 293-5201

Mailing Address:
P.O. Box 303900
Montgomery, AL 36130

APPLICATION FOR DISASTER TEMPORARY PERMIT

Name: **SSN:**

Address:

Telephone: **Email:**

State of Original Licensure: Alabama **Date of Birth:**

License Type: ☐ **RN** ☐ **LPN** **License #:**

	Application Checklist
☐	**Application fee** included (*non-refundable*) The application fee is $25.00. Please see ABN Administrative Code § 610-X-4-.14 for further information on acceptable payment methods.
☐	Acceptable payment method Type: Cashier's Check
☐	**Citizenship/Legal Presence Checklist** included (See website; form is separate from this application).
☐	Home state license verification requested.
☐	Home state declaration of disaster attached.

Instructions: Provide all requested information in the area provided. Additional sheets may be attached, if necessary. Incomplete applications will not be considered by the Board.

	NOTE:
1	*Nursing licensure verification from Nursys® must be submitted directly to the Board. The applicant should include proof that this has been requested, such as the receipt of payment for the verification and expected states that will be submitting verifications to the Board.*
2	*Applicants who answer "yes" to any of the regulatory questions in Part C are ineligible for the Disaster Temporary Permit and must submit a complete application for Licensure by Endorsement through the ABN website.*

Mail completed form, along with the $25.00 fee, to:

Alabama Board of Nursing
PO Box 303900
Montgomery, AL 36130

REGULATORY QUESTIONS

YES	NO	
		1. Excluding minor traffic violations*, have you ever (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. In the past three (3) years, 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 felony or misdemeanor charges?
☐	☐	4. In the past three (3) years, 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. 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. Have you ever been placed on a state and/or federal abuse registry?
☐	☐	8. Has any branch of the armed services ever 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:**