

**Alabama Board of Nursing
Declaratory Ruling Request Form**

PETITIONER(S)' NAME:

LICENSE NUMBER:

SPECIALTY CERTIFICATION:

PETITIONER(S)' ADDRESS:

SECTION ONE:

Rule/statute/order at Issue: Check all that apply or list relevant legal section number.			
	Licensee Type	Administrative Code Number	Brief comment, if applicable
	RN/LPN Practice	610-X-5	
	RN/LPN Practice	610-X-6	
	CRNP	610-X-5-.11	
	CNM	610-X-5-.22	
	CRNA	610-X-9-.04	
	CNS	610-X-7-.10	
	Other rule/statute/order		
	Other rule/statute/order		

SECTION TWO:

QUESTION: IS IT WITHIN THE SCOPE OF PRACTICE FOR A: CHECK ALL THAT APPLY

Check all that apply	License Type	Check all that apply	License Type
	RN		CNM
	LPN		CRNA
	CRNP		CNS

[SPECIFIC PRACTICE- OR SCOPE-RELATED ISSUE(S) (QUESTION FORMAT)]

SECTION THREE:

Statement of Fact: describe how you are substantially affected by the statute/rule/order; include information regarding the specific skill/procedure, or education; identify any national standards of practice specific to your request that support your ability to perform the skill/procedure; if indicated, identify other states in which this request is permitted to be performed:

*Attach additional sheets, if necessary.

*Attach evidence to be considered by the Board (national standards of practice, journal articles, brochures, etc.)

Requestor Signature

Date

Scan and submit completed form to abn@abn.alabama.gov.