Application for Reinstatement of a Revoked Nursing License – Alabama Form 3
Instructions: Complete this form and submit the original to the Board at least two weeks prior to your scheduled Evaluation. This form must be received in order to share information with your selected Evaluation provider to satisfy the Board consultation requirement. Contact the ***Nurse Consultant for Reinstatement of Revoked License*** *when you mail the form.*

Name: _____ **License #:** __ - __ __ __ __ __ __

General Release of Liability/Authorization to Disclose

I, _____, the undersigned, do hereby
(Print Potential Applicant Name)

authorize and request the Alabama Board of Nursing, its attorneys, employees, designees, agents, and representatives to fully discuss with the following individual(s)/entity:

_____
(Print Provider Name)

any and all matters, past, present, or future, in regards to all matters within the authority or control of the Alabama Board of Nursing pertaining to my licensure and application for reinstatement of licensure with the Alabama Board of Nursing.

I, further hereby release and forever discharge the State of Alabama and the Alabama Board of Nursing, together with all of their, officials, agents, employees, and assigns, in both their official and individual capacities, from any and all claims, demands, damages, actions, causes of actions, or suits of any kind or nature whatsoever, known or unknown, relating to the facts or claims resulting from the disclosure of information to the above individual.

I am over the age of nineteen (19) years and acknowledge that I have read and fully understand the terms and content of this Release and the terms are voluntarily accepted.

_____
(Potential Applicant Signature)

State of _____)
) §:
County of _____)

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public:_____

SEAL

My commission expires: _____ / _____ / _____