

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

**Individual/Group Counseling Providers**

Licensee Information	Select Compliance Monitor
<b>NAME:</b>	<input type="checkbox"/> VDAP Telephone: 334-293-5239 Fax: 334-293-5201 e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a>
<b>LICENSE #:</b>	<input type="checkbox"/> Probation Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a>
<b>CASE #:</b>	

**Instructions:** You must provide appropriate release of information to allow your Individual/Group Counselor to submit to the Board evidence of satisfactory participation and progress in counseling.

Cause your Individual/Group Counselor to complete this form and return it to your ABN Compliance Monitor.

Counselor Name and Credentials	
Agency Name & Mailing Address	
Counselor Business Telephone	
Counselor Business E-mail Address	

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

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