



Alabama Board of Nursing  
**LOAN REPAYMENT PROGRAM**  
 Semi-Annual  
 Employment Verification

**Do not leave blanks.**

**LOAN REPAYMENT RECIPIENT**

**Name:** \_\_\_\_\_

**Date Range:** \_\_\_\_\_ **to** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best Phone Number:** \_\_\_\_\_

*I certify that I am serving at the site listed on the right.*

**Signature:** \_\_\_\_\_

**Nursing License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMPORTANT INFORMATION**

**\* Definition of: "FULL-TIME EMPLOYMENT"**

*For all loan recipients, at least 36-40 hours of the week are spent providing direct care at the physical location of an approved and eligible site as determined by the Alabama Board of Nursing.*

**EMPLOYER SECTION**

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I have reviewed the hours worked and certify that the loan repayment recipient: *(check all that apply)*:

Was employed at this site for the dates indicated and **WORKED:**

**Full-time** - a minimum of 36-40 hours per week as a CRNP, CNM or a CRNA.

**Actual Hours Worked**  
*(Include all paid hours – do not include on-call or overtime hours)*

Is/was on extended leave from \_\_\_\_\_ to \_\_\_\_\_ due to \_\_\_\_\_

*The certifications and information provided above are true, accurate and complete to the best of my knowledge and belief. I have read and understand the definition of "full-time employment" as it is printed on this verification form.*

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The administrator (not the recipient) may mail, fax, or scan and email the service form to:

**Mail:** ABN PO Box 303900, Montgomery, AL 36130-3900 **Fax:** 334-293-5201 **Email:** LoanRepaymentProgram@abn.alabama.gov **Phone:** 334-293-5200