

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

**NON-EMPLOYER NOTIFICATION OF RECEIPT OF BOARD ORDER OR AGREEMENT**

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

**Instructions: This form is for use by a school of nursing or collaborating/covering physician.** Provide this form and a complete copy of your Order or Agreement to the School of Nursing where you are enrolled as a student or your collaborating/covering physician(s). Cause the School of Nursing or collaborating/covering physician(s) to complete this form and return it to your ABN Compliance Monitor within the time-frame specified in your Order or Agreement.

The undersigned acknowledges that a complete copy of the Order or Agreement containing this Case Number has been provided to school of nursing or collaborating/covering physician(s).

|  |   |
|--|---|
| <input type="checkbox"/> School of Nursing<br><br>_____<br>Name of College or University | <input type="checkbox"/> Collaborating/Covering Physician |
| Printed Name and Title of Person Completing this Form                                    |   |
| Signature:   | Date:   |

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