

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

NOTIFICATION OF RECEIPT OF ORDER OR AGREEMENT

Licensee Information	Select Compliance Monitor
NAME:	___VDAP Telephone: 334-293-5239 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
LICENSE #:	___Probation: Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
CASE #:	

Instructions: Provide this form AND a complete copy of your Order or Agreement to your nursing employer. Cause the nursing employer to complete this form and return it to your ABN Compliance Monitor within the time-frame specified in your Order or Agreement.

Any VDAP documentation will be confidential upon successful completion of the program by the licensee and not available for court subpoena or for discovery proceedings. Should a licensee fail to complete VDAP, his/her records will not be confidential.

Participant's Anticipated
or Actual Date of Hire:

	/		/	
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Participant's Date of Return
To Work:

	/		/	
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Nurse's Position & Clinical Area and Shift	
Employing Agency & Mailing Address	
Nurse's SUPERVISOR & Title (please print)	
Supervisor's Business Telephone	
Supervisor's Business E-mail Address	
Names of On-Site Monitor(s) and Title(s) *On-site monitor(s) should hold license type at or above the license type of the licensee they will monitor and be in good standing with their regulatory body.	

Supervisor's Signature/Title: _____ **Date:** _____

By my signature I acknowledge that this licensee has furnished this employing agency with a complete copy of the Order or Agreement containing the above Case Number and can abide by such terms.

Return the completed form to the Compliance Monitor selected above.