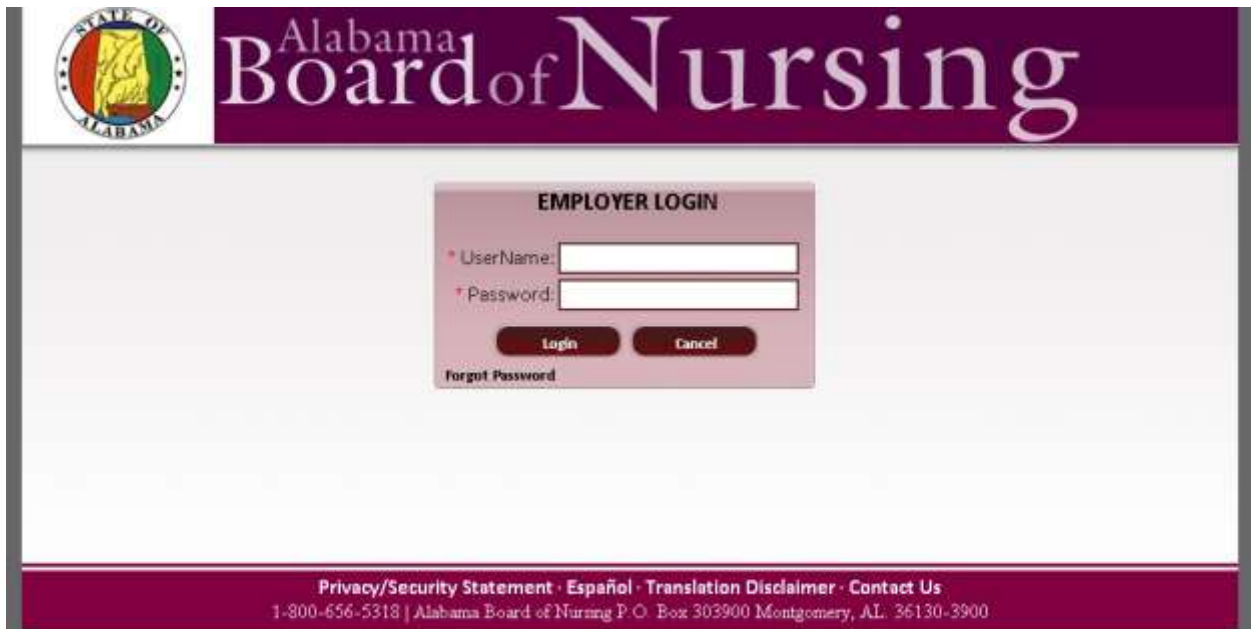


1. **To Login:** Go to http://abn.alabama.gov/abnonline/lms3_emp_login.aspx . In the login page shown below, type in the email address you had provided the Alabama Board of Nursing and your password. Click the “Login” button to enter into the reporting site or click “Cancel” to clear your input.
 - a. **Note:** Your initial password is abc_123
 - b. You will be able to change your password, with a maximum length of 12 characters, after login using the “Change Password” link.



The screenshot shows the Alabama Board of Nursing website. At the top left is the Alabama state seal. To its right is the text "Alabama Board of Nursing" in a large, serif font. Below this is a light gray box containing the "EMPLOYER LOGIN" form. The form has two input fields: "UserName:" and "Password:", both preceded by an asterisk. Below the fields are two buttons: "Login" and "Cancel". A link labeled "Forgot Password" is located below the "Cancel" button. At the bottom of the page is a dark purple footer bar with white text: "Privacy/Security Statement · Español · Translation Disclaimer · Contact Us" and "1-800-656-5318 | Alabama Board of Nursing P.O. Box 303900 Montgomery, AL 36130-3900".

2. **Forgotten Password:** Click the “Forgot Password” link in the login page enter your email address in the screen that comes up. The system will email you with instructions.



The screenshot shows a form titled "FORGOT PASSWORD" in a bold, sans-serif font. Below the title is a single input field labeled "UserName:" with an asterisk. At the bottom of the form are two buttons: "Send" and "Back".

- 3. Supervisor's Details and Nurses' List:** Upon successful login, the application displays the current information the Alabama Board of Nursing has for the employment supervisor. These details can be edited as and when the user wishes to.

The system automatically displays the quarter and the year that the report is being submitted for, as shown below.

Employer Report for April to June 2013

Supervisor Details

Supervisor Name: John Smith
Title:
License#/Credentials:
Phone:
Email: John.Smith@email.com

Monitor Details

☐ Same as Supervisor

Monitor Name:
Title:
License#/Credentials:
Phone:
Email:


Nurses List

License #	Name	Submitted ?	Select	Print
1-999995	DOE SMITH	N		
1-999996A	JOE SMITH	N		
1-999997	JOHN DOE	N		

The “Nurses List” section displays the License # and Name of the nurses that the supervisor should report on. It also indicates whether the report for the quarter has been submitted for each nurse, as indicated in the “Submitted?” column in the grid.

4. To select a nurse:



Click on the  next to the nurse's name. The system refreshes the bottom part of the screen as shown below. The nurse's name is displayed under each section as a confirmation for the supervisor.

Example "Employment Details for Doe Smith".

Employment Details For DOE SMITH

Date of Employment: Ex: MM/DD/YYYY

Unit:

Hours Worked For DOE SMITH

Please enter the actual hours the licensed nurse worked during each month of this reporting period:

April

May

June

Does the nurse take call? If Yes, indicate the hours. ☐ Yes ☐ No

Job Performance for DOE SMITH

Attendance and Tardiness	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with patients/families	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with peers/co-workers	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with other healthcare professionals	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with supervisor/administration	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory

Other Questions For DOE SMITH

Has the nurse been requested to drug screen by the employer in this reporting period? ☐ Yes ☐ No


Does the nurses board agreement/order include restricted access to controlled substances as a requirement? ☐ Yes ☐ No

Has the Nurse had any issues with documentation of controlled substances? ☐ Yes ☐ No

Has the nurse had any patient care errors this reporting period? ☐ Yes ☐ No

Has the nurse had any counseling/disciplinary action this reporting period? ☐ Yes ☐ No

5. To Submit A Report For A Nurse:

- Enter the employment details like the date of employment, and Unit.
- Enter the hours worked, and evaluate the nurse's job performance.
- Answer the "Other Questions" section as well. If you choose "Yes" for any of the questions, the system will provide a textbox to enter additional details.
- Click "Submit" to report on the selected nurse. The system gives a success message.
- To repeat the process for another nurse, select the nurse using the  icon and repeat steps 5 a. to 5 f.
- Click on the "Print" option in the grid to print the details submitted for a particular nurse.

Hours Worked For DOE SMITH

Please enter the actual hours the licensed nurse worked during each month of this reporting period:

April

May

June

Does the nurse take call? If Yes, indicate the hours. ☐ Yes ☐ No

Job Performance for DOE SMITH

Attendance and Tardiness	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with patients/families	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with peers/co-workers	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with other healthcare professionals	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
Relationships with supervisor/administration	<input type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory

Other Questions For DOE SMITH

Has the nurse been requested to drug screen by the employer in this reporting period? ☐ Yes ☐ No

Does the nurses board agreement/order include restricted access to controlled substances as a requirement? ☐ Yes ☐ No

Has the Nurse had any issues with documentation of controlled substances? ☐ Yes ☐ No

Has the nurse had any patient care errors this reporting period? ☐ Yes ☐ No

Has the nurse had any counseling/disciplinary action this reporting period? ☐ Yes ☐ No

Has the nurse been terminated from employment during reporting period? ☐ Yes ☐ No

Submit