



ALABAMA BOARD OF NURSING
Continuing Education Instructor Information

Name:

License Number (if applicable):

License Type:

Expiration Date:

Education Details (Most Recent First):

College/University	Major	Degree	Area of Preparation	Year Degree Granted

Experience (Most Recent First):

Agency	Position	Clinical Area	Dates(mm/yr)

Teaching Experience (Most Recent First)

Course Title	Description	Location	Month/Year