



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

INFORMATION UPDATE

Licensee Information	Select Compliance Monitor
NAME:	<input type="checkbox"/> VDAP Telephone: 334-203-5228 Fax: 334-293-5201 Email: abn@abn.alabama.gov
LICENSE #:	<input type="checkbox"/> Probation Telephone: 334-293-5229 Fax: 334-293-5201 Email: abn@abn.alabama.gov
CASE #:	

Instructions: Immediately complete the information below and return this form to your Compliance Monitor by mail, fax or email.

A. PERSONAL CONTACT INFORMATION

I confirm my contact information shown in "My Profile" at www.abn.alabama.gov is current.

B. EMERGENCY CONTACT INFORMATION

Your personal health and well-being is important. You may elect to designate an emergency contact for Board staff during monitoring.

I decline to provide EMERGENCY CONTACT INFORMATION\

My EMERGENCY CONTACT INFORMATION is:

NAME:	
HOW RELATED TO YOU:	
TELEPHONE NUMBER:	E-MAIL ADDRESS:

C. EMPLOYER INFORMATION

I am not employed in nursing.

I am employed in nursing. Complete the chart below.

EMPLOYER:	EMPLOYER ADDRESS:
SUPERVISOR:	SUPERVISOR'S WORK TELEPHONE NUMBER: