



Alabama Board of Nursing
Peggy Sellers Benson, RN, MSHA, MSN, NE-BC
Executive Officer

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Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

APPLICATION FOR NURSE APPRENTICESHIP PERMIT

Name: _____ Date of Birth: _____ SSN: _____

Address: _____

Telephone: _____ Email: _____

School Name: _____ School Code: _____

Type of Program: ☐ RN ☐ LPN

Clinical Site Location/Name of Facility _____ Start Date _____

Expected Date of Graduation from Nursing Program _____

	Application Checklist
<input type="checkbox"/>	Application fee included (<i>non-refundable</i>) The application fee is \$50.00. Please see <u>ABN Administrative Code</u> § 610-X-4-.14 for further information on acceptable payment methods.
<input type="checkbox"/>	Acceptable payment method type:
<input type="checkbox"/>	Citizenship/Legal Presence Checklist included (See website; form is separate from this application).

Attestation: I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Mail completed form, along with the \$50.00 fee, to:

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PO Box 303900
Montgomery, AL 36130