

**Healthcare Facility Change of Information Form**

Alabama Board of Nursing

\_\_\_\_\_  
Date

Thank you for notifying the Alabama Board of Nursing of changes in Chief Nursing Officer, mailing/physical address, telephone number, email address, change in ownership or any other pertinent information.

Please complete the form below and return by fax (334)293-5201, by mail to ABN, PO Box 303900, Montgomery, Alabama 36130-3900, or by email to [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov).

Change is in (mark all that apply): ☐ Name of Agency/Facility ☐ Chief Nursing Officer

☐ Corporation/ Ownership(s) ☐ Address(es) ☐ Phone number(s) ☐ Email Address

**NAME OF Chief Nursing Officer:** \_\_\_\_\_

(This is the person responsible for the overall nursing care/administration for the facility, assuring compliance with the Alabama Board of Nursing Administrative Code).

**Chief Nursing License Number** \_\_\_\_\_

**ADPH Number:** \_\_\_\_\_

**Facility Type (Hospital, ERSD, Nursing Home/LTC, Infusion Therapy, Abortion/Reproductive, Ambulatory Surgery, Home Health/Hospice, Medical Transport):** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:-** \_\_\_\_\_

**Telephone Number of Chief Nursing Officer:** \_\_\_\_\_ **Fax** \_\_\_\_\_

**EMAIL ADDRESS of Chief Nursing Officer:** \_\_\_\_\_

(Please sign-up for the email list serve to receive pertinent information from ABN)

**Corporation/Ownership Name:** \_\_\_\_\_

**Corporation Telephone Number:** \_\_\_\_\_

**Corporation Address:** \_\_\_\_\_

**PERSON COMPLETING THE FORM AND TITLE:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Thank you for assisting us to serve you better,

Peggy Benson, Executive Officer