



**Alabama Board of Nursing**

**Request for Retirement of Continuing Education Provider Number**

I, \_\_\_\_\_, as Contact Person representing \_\_\_\_\_, a nursing continuing education approved by the Alabama Board of Nursing (the Board), hereby request that Provider Number ABNP \_\_\_\_\_ be retired, effective \_\_\_\_\_. I understand that the retired number will not be issued to another entity by the Board for the purpose of authorizing approval/sponsorship/presentation of continuing education for nursing license renewal in Alabama.

I assure the Board that all records and reports shall be maintained for four (4) years following retirement of the provider number, in accordance with the requirements set forth in the Alabama Board of Nursing Administrative Code.

I understand that the TriCorder loaned to the provider number by the Board must be returned to the Board.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Print/Type Name of Contact Person

\_\_\_\_\_  
Print/Type Name of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return the completed form and TriCorder to the Board at:**

Package Delivery:  
  
770 Washington Avenue, Suite 250  
Montgomery, AL 36104

US Postal Service:  
  
PO Box 303900  
Montgomery, Alabama 36130