



**Alabama Board of Nursing
Notification of Departure and Return**

Nurse's Name: _____

Alabama Nursing License Number: _____

Date of Departure for Deployment: _____

Date of Return from Deployment: _____

Armed Services Branch: _____

Attestation
(Attach a Copy of Your Military Orders)

I, _____, hereby certify that I have returned from active deployment and request that the Alabama Board of Nursing maintain my Alabama nursing license in active status pending the next renewal date of the license, as provided in ABN Administrative Code §610-X-4-.09.

Signature of Licensee

Please note: Please complete and return this notice, along with a copy of your military orders, by email to licensing@abn.alabama.gov or fax to (334) 293-5201.