



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

RSA Plaza, Ste 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5318
Fax (334) 293-5201

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

APPLICATION FOR CERTIFICATE OF QUALIFICATION – CRNP/CNM

Name:

DOB:

Advanced Practice Role: CRNP

CNM

Alabama RN License #: 1-

Address:

Telephone:

Email:

Professional Credentials	
Advanced Degree (MSN, DNP, etc.)	
Date of Graduation	
School	
Certification/Patient Population	
National Certifying Agency	

Return completed application to advancedpractice@abn.alabama.gov.

Please Note: In addition to this completed application:

- An application fee of \$100.00 is required. Upon your submission of the application to advancedpractice@abn.alabama.gov, Board staff will post the fee for payment. You may pay this fee through My Profile on the Board's website. **DO NOT SEND CASH WITH THIS APPLICATION.**
- Request an official transcript from the nursing program (must be sent directly to the ABN by the school).
- Request official verification of certification from the national certifying agency (must be sent directly to the ABN by the certifying agency).

Instructions: Additional sheets may be attached, if necessary. Incomplete applications will not be considered by the Board.

Note: A Certificate of Qualification is reflected by an approval status of “Eligible for Collaboration” and does not entitle the nurse to use the titles “Certified Registered Nurse Practitioner,” “CRNP,” “Certified Nurse Midwife,” and “CNM.” Those titles are reserved only for nurses who are actively engaged in an approved collaboration with a licensed physician.

Regulatory Questions

YES	NO	
		1. Is your RN license currently encumbered?
		2. Since your last renewal, excluding minor traffic violations*, have you (check all that apply):
		Been convicted of any crime in any state, municipality, territory, or country?
		Entered a plea of guilty to any crime in any state, municipality, territory, or country?
		Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
		Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
		Had judgment withheld for any crime in any state, municipality, territory, or country?
		Received pretrial diversion for any crime in any state, municipality, territory, or country?
		Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
		Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?
		Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?
*Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation."		
		3. Since your last renewal, have you abused alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances or received treatment or been recommended for treatment for dependency on alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?
		4. Do you have any pending felony or misdemeanor charges?
		5. Since your last renewal, has the licensing authority of any state, territory, or country denied, revoked, suspended, reprimanded, fined, accepted your surrender of, restricted, limited, placed on probation, or in any other way disciplined your nursing and/or any other occupational license, registration, certification, or approval?
		6. Is the Board of Nursing or other licensing authority of any state, territory, or country, including, but not limited to, the Alabama Board of Nursing, currently investigating you or is any such action currently pending against you?
		7. Since your last renewal, have you been placed on a state and/or federal abuse registry?
		8. Since your last renewal, has any employer discharged you from or asked you to resign from any nursing employment for any of the following reasons:
		Any issue regarding your practice of nursing?
		The accessing of, administering of, and/or accounting for controlled substances?
		Suspected impairment in the workplace?
		Unprofessional conduct?

		9. Since your last renewal, has any branch of the armed services administratively discharged you with any characterization of service besides "General" or "Honorable" and/or have you been found guilty by a court-martial?
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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:** _____