## **ABN SPEAKER REQUEST FORM**

The Alabama Board of Nursing provides content expert speakers and education related to nursing regulation. To request a speaker, please provide the following information:

Point of Contact									
Name:					Phone(s):				
Title:						Email:			
Primary Event Details									
Host Organization:									
Event/Group Name:						_			
Event Date:						Speaking Timeframe:			
Secondary Date:						Speaking Timeframe:			
			Location - If virtual put N/A*						
Building Name:							Room #:		
Address:								-	
Parking Information:									
Audience									
# of Attendees:									
Type/Amount: List			RNs:		LPNs:	APNs:	Compact	Students	Other:
approx. or % amount							Non-AL:	type*	
below category.									
Other/Notes:						1		l	l
Technical (Y/N)									
Virtual:			Specify Platform:						
			If VIRTUAL Leave the rest of Technical Blank						
Overhead Projector:			Internet Access:						
Microphone (type*):			(			Computer with/for PPT:			
Early Arrival (Mic test):			Thumb Drives allowed:						
Speaking Topics & Continued Education									
		ABN Overview: My Profile, Documentation, & Medication Administration & Safety							
Choose Topic: (X)			Substance Abuse in Nursing, with VDAP & Monitoring Overview						
			Scope & Standards of Practice & Nursing Burnout						
(^)			Scope of Practice & Standardized Procedures						
			Advanced Practice: Collaboration & QA						
		Mental Health and Wellness in Nursing							
			Other:						
	1	All prese	entations are 1 hour in length & are eligible for 1.2 ABN Contact Hours						
Organization (Y/N)		(Y/N)				Request for	(Y/N)		
will provide						ABN to			
CE:						provide CE:			
Submit completed form to: Nursing.ResourceCtr@abn.alabama.gov									