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:				'			l	l	
Technical (Y/N)									
Virtual:			Specify Platform:						
			If VIRTUAL Leave the rest of Technical Blank						
Overhead Projector:			Internet Access:						
Microphone (type*):					Computer with	n/for PPT:			
Early Arrival (Mic test):					Thumb Drives allowed:				
Speaking Topics & Continued Education (One Topic per Request):									
		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 & Standardi			ized Procedures				
			Advanced Practice: Collaboration & QA						
			Mental Health and Wellness in Nursing						
			Other:						
	,	All prese	entations are 1 hour in length & are eligible for 1.2 ABN Contact Hours						
Organization (Y/N)				Request for	(Y/N)				
will provide				ABN to					
CE:			provide CE:						
Submit completed form to: <u>Nursing.ResourceCtr@abn.alabama.gov</u>									