



**Alabama Board of Nursing
Scholarship or Loan Repayment Program
Employment Verification Form Instructions**

Scholarship or Loan Repayment Program Recipient			
Instructions: Complete and upload the form to My Profile .			
Name		RN License No. 1-_____	
Phone ()		Email	
Verification Type and Date			
Post-graduation employment	Employment change	Semi-annual	
Hire date: / /20__	Hire date: / /20__	Date range: / /20__ to / /20__	
Employer Name:			
Street Address			
City, State, Zip			
Phone ()		No. of hours worked weekly	
County			
For APN (CRNP, CRNA, CNM) Loan recipients only			
Does your practice site(s) differ from the employer address listed above?		No	Yes
<i>If yes, you must provide the following information:</i>			
Site Name & Address			No. of hours worked weekly
Phone ()	County:		
Site Name & Address			No. of hours worked weekly
Phone ()	County:		
Do all of your practice sites qualify as being in an Area of Critical Need? ABN Administrative Code § 610-X-12.01(5)		Yes	No
I have reviewed my employment site(s) using the "Am I Rural?" Tool.		Yes	No N/A
To be completed by the nurse's employer			
Print name & title of person completing this form			
Email		Phone ()	
Is the nurse working at least 36 hours weekly?		Yes	No
What is the role of the nurse: (Choose one)		RN	Nursing Instructor/ Educator
			Advanced Practice Nurse (CRNP, CRNA, CNM)
Was the nurse on any extended leave during the reporting period?		No	Yes
If yes, enter the dates of extended leave:		/ / 20__	to / / 20__
Employer Signature		Date:	

Signature of Scholarship or Loan Repayment Program nurse recipient affirming that the information submitted on this employment verification is true and accurate.

Signature: _____