



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

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|---|----------------------------------|--|--|
| 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: _____