

**ALABAMA BOARD OF NURSING  
P.O. BOX 303900  
MONTGOMERY, ALABAMA 36130-3900**

**IDENTIFICATION OF PRIMARY HEALTHCARE PROVIDER AND DENTIST**

<b>Name of Licensee</b>	<b>License Number</b>	<b>Case Number</b>

Select Compliance Monitor	
<input type="checkbox"/> VDAP Telephone: 334-293-5228 Fax: 334-293-3980 E-mail: <a href="mailto:VDAP@abn.alabama.gov">VDAP@abn.alabama.gov</a>	<input type="checkbox"/> Probation Telephone: 334-293-5229 Fax: 334-293-3980 E-mail: <a href="mailto:Probation@abn.alabama.gov">Probation@abn.alabama.gov</a>

Complete this form and submit it to your ABN Compliance Monitor within the required time specified in your Order or Agreement.

Primary Healthcare Provider's Name & Title (e.g.: MD, DO, CRNP)  If your Primary Healthcare Provider is a Nurse Practitioner, you must include the NP's Collaborating Physician's Name & Title.	
Practice Name and Complete Mailing Address	
Practice Telephone Number	
Primary Provider's E-mail Address	
Practice Website	

Primary Dentist's Name & Title	
Practice Name & Complete Mailing Address	
Practice Telephone Number	
Primary Dentist's E-mail Address	
Practice Website	

If you have additional specialty health care providers, please include all the above information on these providers on the back of this form. If there are changes in your health care providers, please re-submit this form with the new information.

**Signature of Licensee:** \_\_\_\_\_ **Date:** \_\_\_\_\_