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

NON-EMPLOYER NOTIFICATION OF RECEIPT OF BOARD ORDER OR AGREEMENT

Licensee Information	**Select Compliance Monitor**
NAME:	____ VDAP Telephone: 334-293-5239 Fax: 334-242-3980 e-mail: VDAP@abn.alabama.gov
LICENSE #:	____ Probation Telephone: 334-293-5229 Fax: 334-242-3980 e-mail: Probation@abn.alabama.gov
CASE #:	

Instructions: This form is for use by a school of nursing or collaborating/covering physician. Provide this form and a complete copy of your Order or Agreement to the School of Nursing where you are enrolled as a student or your collaborating/covering physician(s). Cause the School of Nursing or collaborating/covering physician(s) to complete this form and return it to your ABN Compliance Monitor within the time-frame specified in your Order or Agreement.

The undersigned acknowledges that a complete copy of the Order or Agreement containing this Case Number has been provided to school of nursing or collaborating/covering physician(s).

☐ School of Nursing _____ Name of College or University	☐ Collaborating/Covering Physician
Printed Name and Title of Person Completing this Form	
Signature:	Date:

Return the completed form to the attention of the Compliance Monitor selected above.