

Healthcare Facility Change of Information Form

Alabama Board of Nursing

Date

Thank you for notifying the Alabama Board of Nursing of changes in Chief Nursing Officer, mailing/physical address, telephone number, email address, change in ownership or any other pertinent information.

Please complete the form below and return by fax (334)293-5201, by mail to ABN, PO Box 303900, Montgomery, Alabama 36130-3900, or by email to Joyce.Jeter@abn.alabama.gov.

Change is in (mark all that apply): Name of Agency/Facility Chief Nursing Officer

Corporation/ Ownership(s) Address(es) Phone number(s) Email Address

NAME OF Chief Nursing Officer: _____

(This is the person responsible for the overall nursing care/administration for the facility, assuring compliance with the Alabama Board of Nursing Administrative Code).

Chief Nursing License Number _____

ADPH Number: _____

Facility Type (Hospital, ERSD, Nursing Home/LTC, Infusion Therapy, Abortion/Reproductive, Ambulatory Surgery, Home Health/Hospice, Medical Transport): _____

Physical Address: _____

Mailing Address:- _____

Telephone Number of Chief Nursing Officer: _____ **Fax** _____

EMAIL ADDRESS of Chief Nursing Officer: _____

(Please sign-up for the email list serve to receive pertinent information from ABN)

Corporation/Ownership Name: _____

Corporation Telephone Number: _____

Corporation Address: _____

PERSON COMPLETING THE FORM AND TITLE: _____ **Phone:** _____

Thank you for assisting us to serve you better,

Joyce Jeter, Deputy Director