ALABAMA BOARD OF NURSING
Natalie Baker, DNP, ANP-BC, GNP-BC, CNE, FAANP, FAAN
Executive Officer
RSA Plaza, Suite 250, 770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
Fax: (334) 293-5201

Mailing Address:
P.O. Box 303900
Montgomery, AL 36130

APPLICATION TO ADD A NEW COLLABORATION CRNP/CNM

My application was ☐ was not ☐ in progress at the time of the system outage.

Advanced Practice Role: CRNP ☐ **CNM** ☐

Name: Email:

DOB: **Alabama RN License #: 1**

Collaborating Physician Name and License Number:

Physician Principle Practice Location:

APN Primary Practice Site:

APN Additional Practice Site(s): *Use additional sheet if necessary.*

Attach Standard Protocol
Attach Quality Assurance Plan

Return completed application to the mailing address listed above.

- An application fee of $75.00 is required.
- A Standard Protocol and Quality Assurance Plan for this collaboration must be submitted with this application.
- Incomplete applications will not be processed.
- Please return this paper application to the mailing address listed below with payment by personal check (must be imprinted with applicant's name and be drawn on an in state bank), certified check, or US Postal Money Order

Mailing Address: PO Box 303900, Montgomery, AL 36130

Instructions: Additional sheets may be attached, if necessary. Incomplete applications will not be considered by the Board.

Regulatory Questions

YES	NO	
☐	☐	1. Is your RN license currently encumbered?
☐	☐	2. Since your last renewal, excluding minor traffic violations*, have you (check all that apply):
☐	☐	Been convicted of any crime in any state, municipality, territory, or country?
☐	☐	Entered a plea of guilty to any crime in any state, municipality, territory, or country?
☐	☐	Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
☐	☐	Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
☐	☐	Had judgment withheld for any crime in any state, municipality, territory, or country?
☐	☐	Received pretrial diversion for any crime in any state, municipality, territory, or country?
☐	☐	Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
☐	☐	Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?
☐	☐	Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?
*Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation."		
☐	☐	3. Since your last renewal, have you abused alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances or received treatment or been recommended for treatment for dependency on alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?
☐	☐	4. Do you have any pending felony or misdemeanor charges?
☐	☐	5. Since your last renewal, has the licensing authority of any state, territory, or country denied, revoked, suspended, reprimanded, fined, accepted your surrender of, restricted, limited, placed on probation, or in any other way disciplined your nursing and/or any other occupational license, registration, certification, or approval?
☐	☐	6. Is the Board of Nursing or other licensing authority of any state, territory, or country, including, but not limited to, the Alabama Board of Nursing, currently investigating you or is any such action currently pending against you?
☐	☐	7. Since your last renewal, have you been placed on a state and/or federal abuse registry?
		8. Since your last renewal, has any employer discharged you from or asked you to resign from any nursing employment for any of the following reasons:
☐	☐	Any issue regarding your practice of nursing?
☐	☐	The accessing of, administering of, and/or accounting for controlled substances?
☐	☐	Suspected impairment in the workplace?
☐	☐	Unprofessional conduct?

☐	☐	9. Since your last renewal, has any branch of the armed services administratively discharged you with any characterization of service besides "General" or "Honorable" and/or have you been found guilty by a court-martial?

Attestation: I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

Signature

Date