Instructions: In addition to this completed application:

For every applicant:

- Request an official transcript from the nursing program (must be sent directly to the ABN by the school).
- Request official verification of certification from the national certifying agency (must be sent directly to the ABN by the certifying agency).
- Proof of U.S.citizenship or legal presence in the U.S. is required. A listing of acceptable documents is identified below.
- Additional sheets may be attached, if necessary.
- Incomplete applications will not be considered by the Board.

For those applying to be eligible for advanced practice in Alabama but not adding a collaboration:

- Submit the application, all supporting documents and a fee of $100.00

If applying with a collaborating physician:

- An application fee of $175.00 is required.
- Attach Standard Protocol and Quality Assurance Plan.

- **Please return this paper application and all supporting documents to PO Box 303900, Montgomery, AL 36130 with payment by certified check or US Postal Money Order.**

Alabama Driver's License or ID issued by the Dept of Public Safety	Driver license from other state that required proof of lawful presence
Birth Certificate indicating U.S. birth	Valid U.S. passport
Military ID showing US as place of birth	Naturalization documents
Certificate of citizenship	Consular report of birth abroad of a US citizen
Bureau of Indian Affairs ID	American Indian Card issue by Homeland Security
Final adoption decree showing person's name and place of US birth	A valid Uniformed Services Privileges and ID Card
Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US	Certification of birth issued by US Dept of State
I-327 Re-entry permit	I-551 Permanent Resident Card (front and back)
I-571 Refugee Travel Document	I-766 Employment Authorization Card (front and back)
I-94 Arrival/Departure Record	Unexpired Foreign Passport with Temporary I-551 Stamp

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

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(334) 293-5200
Fax: (334) 293-5201

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

APPLICATION FOR ADVANCED PRACTICE FOR NURSES WITH A NON-ALABAMA RN LICENSE - CRNP/CNM

Was your application in progress prior to the downtime? Yes ☐ No ☐

Name: First Middle Last

Social Security Number: **US Citizen? Yes** ☐ **No** ☐

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

MSL RN License #: Home State Exp Date

Mailing Address:

Telephone:

Physical Address:

Email:

Professional Credentials	
Undergraduate Degree	
Date of Graduation	
School	
Advanced Degree (MSN, DNP, etc.)	
Date of Graduation	
School	
Certification	
National Certifying Agency	

Are you applying with a collaborating physician? Yes ☐ **No** ☐

- *If you are applying with a collaborating physician, please provide the collaborative practice details below.*

Collaborating Physician Name & License Number:

Physician Principal Practice Location:

APN Primary Practice Site:

**Use a separate sheet to report additional APN practice sites.*

Regulatory Questions

Yes	No	
☐	☐	1. Excluding minor traffic violations*, have you (check all that apply): *Any crime related to driving while impaired or while under the influence of any substance is not a "minor traffic violation")
☐	☐	a. Been convicted of any crime in any state, municipality, territory, or country?
☐	☐	b. Entered a plea of guilty to any crime in any state, municipality, territory, or country?
☐	☐	c. Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?
☐	☐	d. Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?
☐	☐	e. Had judgement withheld for any crime in any state, municipality, territory, or country?
☐	☐	f. Received pretrial diversion for any crime in any state, municipality, territory, or country?
☐	☐	g. Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?
☐	☐	h. Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?
☐	☐	i. Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory or country?
☐	☐	2. 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?
☐	☐	3. Is the Board of Nursing or other licensing authority of any state, territory, or country currently investigating you?
☐	☐	4. Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country?
☐	☐	5. Are you currently a participant in any alternative program (a non-disciplinary monitoring program approved by a licensing board)?
☐	☐	6. Are you now, or have your ever been, placed on a state and/or federal abuse registry or placed on the Office of Inspector General exclusion list?
☐	☐	7. Has any brand of the armed services ever administratively discharge you with any characterization of service other and "Honorable" and/or court martialed you?
☐	☐	8. The ABN recognizes that nurses and other healthcare professionals encounter health conditions, including those involving career fatigue, burnout, mental health, physical health, and substance use disorders. The ABN strongly supports applicants and nurses' efforts to address their health concerns and ensure patient safety through voluntarily seeking care and self-limiting their practice during times when their conditions may render

☐	☐	them unable to safely practice nursing with reasonable skill and safety to patients. The failure to adequately address such a condition, where the applicant or nurse is unable to safely practice nursing with reasonable skill and safety to patients may result in the ABN taking action against the applicant or nurse to ensure patient health and safety. Applicants or nurses who are unable to safely practice nursing with reasonable skill and safety to patients may also be eligible to participate in the ABN's non-public Voluntary Disciplinary Alternative Program. By checking the "no" box, I attest that I have no physical, mental, or substance use disorder condition which currently impairs my ability to safely practice nursing with reasonable skill and safety to patients, with or without reasonable accommodation. If you are not able to make this attestation, please check the "yes" box and a representative of the Voluntary Disciplinary Alternative Program will reach out to you at your contact information in file with the ABN. *Please note that VDAP is not available to MACs or NSTs.

I affirm that:

- The information recorded on this application concerning any item is true and correct and that I may be required to submit documentation to support my affirmation.
- I understand that any false statement is in violation of the Code of Alabama and the Alabama Board of Nursing Administrative Code and constitutes cause for disciplinary action.
- I understand I am not authorized to practice as a CRNP until I receive approval from the Alabama Board of Nursing.
- I understand that it is my responsibility to renew my advanced practice approval during the Alabama RN renewal period in off-numbered years.
- I understand that, should I fail to maintain RN licensure in my home state, my Alabama advanced practice approval will lapse.
- I understand that the Collaborating Physician is required to submit the Commencement Form and fee for Commencement of Collaborative Practice to the Alabama Board of Medical Examiners.
- I understand that I am obligated to have my certifying agency notify the Alabama Board of Nursing directly of my recertification and that my approval to practice as a CRNP will lapse if my recertification is not received from the certifying agency prior to the expiration of my current certification.
- I understand that I am obligated to:
    - Notify the Alabama Board of Nursing of termination of collaborative practice.
    - Maintain a copy of my practice protocol at each practice site and on file with the Alabama Board of Nursing
    - Maintain a copy of my quality assurance plan at each practice site and on file with the Alabama Board of Nursing.

I agree to the terms and conditions mentioned above.

Signature Date