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 FOR REINSTATEMENT OF ADVANCED PRACTICE APPROVAL

Name:

AP Role: CRNP ☐ **CNM** ☐ **CRNA** ☐ **CNS** ☐ **CRNP - Faculty Only** ☐

Alabama RN License #: 1-

Address:

Telephone:

Email:

Return completed application by mail to the Advanced Practice Department at the address listed above.

Please Note: In addition to this completed application, the applicant must request official verification of certification from the national certifying agency (must be sent directly to the ABN by the certifying agency) and documentation for six (6) hours of continuing education in pharmacology (all hours must have been earned within the 24 months immediately preceding the date of application.

*If the application for reinstatement is filed during the Renewal Period for advanced practice approval, an additional $75.00 renewal fee is required.

MOST RECENT EMPLOYMENT IN ADVANCED PRACTICE NURSING

_____ **Date of Last Employment/Worked as an Advanced Practice Nurse in Alabama**

_____
Name of Agency

_____
Address, City, State, ZIP

_____
Supervisor

Regulatory Questions

YES	NO	STANDARD
		1. Excluding minor traffic violations*, have you ever: (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."		
☐	☐	2. In the past three years, or since your last completion of any application for nursing licensure, 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 to alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?
☐	☐	3. In the past three years, or since your last completion of any application for nursing licensure, have you had, or do you now have, a physical or mental health problem that may impair your ability to provide safe nursing care?
☐	☐	4. 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?
☐	☐	5. Is the Board of Nursing or other licensing authority of any state, territory, or country currently investigating you?
☐	☐	6. Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country?
☐	☐	7. Are you currently a participant in any alternative program (a nondisciplinary monitoring program approved by a licensing board)?
☐	☐	8. Are you now, or have you ever been, placed on a state and/or federal abuse registry or placed on the Office of Inspector General exclusion list?
☐	☐	9. Has any branch of the armed services ever administratively discharged you with any characterization of service other than “Honorable” and/or court-martialed you?

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

Signature of Applicant: _____

Date: _____