



Alabama Board of Nursing

SSL To MSL

License Number

I want to change my Alabama Single State license to Alabama Multistate license.

☐ Yes ☐ No

Please note: Conversion from a single state license (SSL) to a multistate license (MSL) requires a fingerprint criminal background check. This process, which the ABN does not control, may cause delays in processing. If you choose to convert from SSL to MSL during the Renewal Period, the Board cannot guarantee that your application will be processed prior to expiration of your SSL. You may be required to renew your SSL in order to continue practicing as a nurse pending processing of the MSL application.

Eligibility Criteria

If you answer "Yes" to any of the following questions, you are not eligible for a multistate license.

1. Do you have a felony conviction? ☐ Yes ☐ No
2. Are you currently a participant in any alternative program (a non-disciplinary monitoring program approved by a licensing board)? ☐ Yes ☐ No
3. Are any of your nursing licenses, in any jurisdiction, currently under discipline, including revocation, suspension, probation, voluntary surrender, limitation, or other encumbrance? ☐ Yes ☐ No

Professional Credentials

First Name

Middle Name

Maiden Name

Last Name

Physical Address

The Alabama Board of Nursing must validate your actual home address. Please provide your physical address.

Address1

Address2

City

State

County

Zip

Mailing Address

Address1

Address2

City

State

County

Zip



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Contact Information

Phone	Alternate Phone	Email

☐ I understand that no one else may complete this application on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this application and the documents submitted with the application. I affirm that the information on this application and the documents submitted with this application are true and correct. I understand that submission of any false statement or document is grounds for denial, discipline, or revocation of my Alabama license.

Eligibility Criteria

If you answer "yes" to any of the following questions, further evaluation will be necessary to determine if you are eligible for a multistate license.

1. Have you been found guilty, or entered into an agreed disposition, of a felony offense? ☐ Yes ☐ No
2. Have you been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense (other than a minor traffic violation)? ☐ Yes ☐ No

Primary State Of Residence

1. Is Alabama your primary state of residence? ☐ Yes ☐ No

CE Attestation

I hereby affirm that I have satisfied all requirements, including having earned adequate continuing education credit, for my nursing license, and that all information in this application is true and correct, to the best of my knowledge and belief. ☐ Yes ☐ No

Regulatory Questions

If the answer to any of the following questions is "YES", please attach a detailed explanation and all pertinent records (court, treatment, military, or other boards of nursing records) or indicate if and when disclosure was previously made to the Board. Please allow 30 days for "YES" answers to be reviewed.



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1	Excluding minor traffic violations*, since your last completion of any application for licensure with the Alabama Board of Nursing, 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")	
1-a	Been convicted of any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-b	Entered a plea of guilty to any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-c	Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-d	Received deferred prosecution or adjudication for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-e	Had judgement withheld for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-f	Received pretrial diversion for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-g	Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-h	Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
1-i	Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?	☐ Yes ☐ No
2	Since your last completion of any application for licensure with the Alabama Board of Nursing, 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?	☐ Yes ☐ No
3	Is the Board of Nursing or other licensing authority of any state, territory or country, currently investigating you?	☐ Yes ☐ No
4	Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory or country?	☐ Yes ☐ No
5	Are you currently a participant in any alternative program (a nondisciplinary monitoring program approved by a licensing board)?	☐ Yes ☐ No
6	Are you now, or since your last completion of any application for licensure with the Alabama Board of Nursing have you been placed, on a state and/or federal abuse registry or placed on the Office of Inspector General exclusion list?	☐ Yes ☐ No
7	Has any branch of the armed services ever administratively discharged you with any characterization of service other than "Honorable" and/or court-martialed you?	☐ Yes ☐ No



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The ABN recognizes that nurses 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 on file with the ABN.

☐ Yes ☐ No

- ☐ I affirm that the information recorded on this application concerning any item contained herein is true and correct. I understand that I may be required to submit documentation to support my affirmation. I further understand that any false statements is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action. Your signature is required to complete this application.
- ☐ I understand that my fingerprint based criminal history report will be submitted through FieldPrint, that my fingerprints will be utilized to conduct a federal and state criminal background check in compliance with Act 2019-102 of the Acts of Alabama, and the results will be considered in determining suitability for licensure.
- ☐ I have reviewed the **Privacy Act Statement**.
- ☐ I have reviewed **agency privacy requirements** for noncriminal justice applicants.
- ☐ I understand that applicants with a criminal history record may challenge or appeal any portion of their own Criminal History Record Information (CHRI) that they believe to be incomplete or inaccurate by contacting the Records & Identification Division within Alabama Law Enforcement Agency (ALEA), pursuant to 28 CFR 16.34. Applicants shall have a reasonable amount of time, but not more than thirty (30) days to submit the challenge or appeal.

Signature

Date

- ☐ I agree to the terms and conditions mentioned above