



Alabama Board of Nursing
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ALABAMA BOARD OF NURSING Counselor's Quarterly Report

Licensee Information		Select Compliance Monitor	
NAME:		_____ VDAP Telephone: 334-293-5228 Fax: 334-242-3980 e-mail: VDAP@abn.alabama.gov	
LICENSE		_____ Probation Telephone: 334-293-5229 Fax: 334-242-3980 e-mail: Probation@abn.alabama.gov	
CASE			

Type of Appointment	Date	Appointment Kept	Reason

Treatment Progress	Licensed Nurse's Attitude	Disposition

Other Comments:

Counselors Name: _____

Date: _____