Alabama Board of Nursing MAC Reinstatement Application Please submit all documents with the Application

REQUIREMENT	INFORMATION
APPLICATION FEE(S):	• Application: **$75**
CITIZENSHIP/LEGAL PRESENCE: *You must be a citizen or legal US resident*	For information on meeting this requirement, please refer to the Citizenship/Legal Presence FAQs. You must complete and submit the appropriate form and supporting documentation to the Board.

ALABAMA BOARD OF NURSING
Natalie Baker, DNP, ANP-BC, GNP-BC, CNE, FAANP, FAAN
Executive Officer
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Montgomery, AL 36104

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

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

MAC Reinstatement Application

Demographics

MAC License Number

First Name | Middle Name | Last Name

Maiden Name | Previously Used Names | Suffix

Date of Birth | Gender

○ Male ○ Female

Mailing Address

Address 1 | Address 2 | City

State | Zip | County

Physical Address

☐ Same as Mailing address

Address 1 | Address 2 | City

State | Zip | County

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 documents is grounds for denial, discipline or revocation of my Alabama license.

Alabama Board of Nursing

MAC Permit Application

Employment

Name of Last Employer

Address 1

Address 2

Address 3

City

State

Zip

Supervisor

Telephone Number

Date you last worked as MAC in Alabama

Regulatory Questions

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".

1a. Been convicted of any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1b. Entered a plea of guilty to any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1c. Entered a plea of nolo contendere or no contest for any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1d. Received deferred prosecution or adjudication of any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1e. Had judgment withheld for any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1f. Received pretrial diversion for any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1g. Received any other alternative sentencing, supervision, or diversion program for any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1h. Stipulated to a prima facie case against you for any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
1i. Pleaded not guilty by reason of insanity or mental defect to any crime in any state, municipality, territory, or country?	◯ Yes	◯ No
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?	◯ Yes	◯ No
3. Is the Board of Nursing or other licensing authority of any state, territory or country, currently investigating you?	◯ Yes	◯ No

Regulatory Questions (continued)

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 have you ever 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

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. ◯ Yes ◯ No

Signature

By my signature below:
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 statement is in violation of the Code of Alabama and the Alabama Board of Nursing Administrative Code and constitutes cause for disciplinary action. Your signature is required to complete this application.

Signature _____ Date _____