Alabama Board of Nursing Reinstatement Single State (SSL) or Multistate (MSL) Application Instructions: Please

submit all documents with the Application

1. **If you previously held an Alabama nursing license/permit and your license/permit is lapsed, revoked, or retired, you must apply for and have the license/permit reinstated before returning to work as a nurse or MAC in this state.**
2. **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.**
3. **You must submit a completed application for reinstatement. ALL applications for reinstatement include:**
   - **CE: Demonstration of having earned twenty-four (24) hours of CE within the twenty-four (24) months before submitting the license application.**
   - **Fee: Payment of appropriate fee based upon application type.**

Application Type	Fee
Lapsed	Single State License (SSL): $250 Multi State License (MSL): $350
Revoked	$750
Retired	Within 2 years of retired status: SSL: $600 / MSL: $700 After 2 years of retired status: SSL: $250 / MSL: $350
Deployed	SSL: $100 / MSL: $200

4. **Please do not submit any supporting documentation (CE) before the online/paper application and fee have been submitted.**
5. **Primary State of Residence (MSL ONLY)**

   1. **To qualify for multistate licensure in this state, you must declare Alabama as your primary state of residency and provide documentation of your residency in Alabama (ABN Administrative Code 610-X-4).**
   2. **You must complete and submit the appropriate Declaration of Home State of Residence form (see button on the right) and supporting documentation to the Board. If your primary state of residence is not Alabama, you cannot apply for a multistate license in Alabama. Link to form**
   3. **If your primary state of residence is in another state that is a party in the Enhanced Nurse Licensure Compact, you may only obtain a multistate license in that state. If you do not meet the eligibility requirements for a multistate license in your primary state of residence, you may apply for a single state license in Alabama.**

- **Fingerprinting (MSL ONLY)**
  1. **You must have an application on file with the Board of Nursing prior to submitting for fingerprinting. If you submit fingerprints prior to completing the application, no refund will be issued. See the button to the right for fingerprint**
  2. **information.**

Please do not submit any supporting documentation (CE) prior to completing the application and fee payment.

FAQs tAlabama Board of Nursing

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 LPN/RN LICENSURE FOR REINSTATEMENT

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 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.

Please do not submit this application if you have Reinstatement application on file.

I am applying for:

LPN Single State License by Reinstatement ☐

LPN License Number _____

RN Single State License by Reinstatement ☐

RN License Number _____

LPN Multistate License by Reinstatement ☐

License Number _____

RN Multistate License by Reinstatement ☐

License Number _____

Do you currently hold a multistate license in any state? Yes ☐ No ☐

If you are applying for a multistate license, complete the following questions. Single state license applicants may skip to the Date of Application.

If you answer yes to any of the following questions, you are not eligible for a multistate license. You may still be eligible for a single state license.		
Yes	No	
☐	☐	Do you have a felony conviction?
☐	☐	Are you currently a participant in any alternative program? (a non-disciplinary monitoring program approved by a licensing board)
☐	☐	Are any of your nursing licenses, in any jurisdiction, currently under discipline including revocation, suspension, probation, voluntary surrender, limitation, or other encumbrance?
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. If you are deemed ineligible for a multistate license, you may still be eligible for a single state license.		
☐	☐	Have you been found guilty, or entered into an agreed disposition, of a felony offense?
☐	☐	Have you been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense (other than a minor traffic violation)?

Date of Application

Name First ☐ Middle ☐ Last ☐

Maiden Name ☐ **Other Names Used** ☐

Social Security Number ☐ **Date of Birth** ☐

Gender Male ☐ Female ☐

Physical Address ☐

Mailing Address ☐

Mailing Address Same as physical address ☐

Phone Number ☐ **Alternate Phone Number** ☐

Email address

☐

I am ☐ am not ☐ a citizen of the United States.

Is Alabama your primary state of residency? Yes ☐ No ☐

Have you earned the required CE contact hours? Yes ☐ No ☐

You must submit evidence of 24 contact hours earned within 24 months immediately preceding the date of your application. You are required to have 24 contact hours before reinstatement of your license.

Please attach all CE certificates to this application as staff are unable to access My Profile for your ABN CE record

Regulatory Questions

Yes	No	
		1. Excluding minor traffic violations*, since your last completion of any application for licensure 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 discharged 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.

Employment

Name of the Last Employer

Address1 Address2 Address3

City State Zip

Supervisor Telephone Number

Date last shift worked as a nurse in the State of Alabama

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 Board of Nursing Administrative Code and constitutes grounds for discipline. 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. (multistate reinstatement)

I have reviewed the Privacy Act Statement.

I have reviewed the agency privacy requirements for noncriminal justice applicants.

I understand that applicants with a criminal history record may challenge or appeal any portion of the own Criminal History Record Information (CHRI) that they believe to be incomplete or inaccurate by contacting Records and 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