

TO: **HEALTH CARE PROVIDER**

FROM: Cathy Boden, MSN, RN
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Instructions for Completion of Form

The nurse asking you to complete this form is monitored by the Alabama Board of Nursing as a participant in the Voluntary Probation/Monitoring Program. As part of the program, the nurse is required to provide documentation of **ALL MEDICATIONS** he/she is directed to take.

1. Form must be completed by health care provider's office and the original MAILED to the Board of Nursing.
2. If any part of the form is completed by office staff, the signature of that person must be in the space provided.
3. **The original signature of the prescriber is required.**
4. **DO NOT FAX THE FORMS!!!** Only the original form is acceptable.
5. If any of the information is omitted or illegible, the form will be returned.

The Board of Nursing believes a nurse should receive any treatment deemed medically necessary. However, questions may be raised about chronic use of controlled substances. The nurse may need to obtain additional information about the condition requiring the use of these medications. Your cooperation and assistance in these matters is appreciated.