

ALABAMA BOARD OF NURSING

REQUEST FOR RETIREMENT OF PROVIDER NUMBER

I, _____, as Contact Person of the _____ (agency), an Alabama Board of Nursing approved provider of continuing education for nurses, request that Provider Number ABNP_____ be retired effective _____. I understand that the retired number will not be issued to another entity by the Board of Nursing for the purpose of authorizing approval/sponsorship/presentation of continuing education which may be used for license renewal for nurses in Alabama.

I assure the Board of Nursing that all records and reports shall be maintained for four years in accordance with the requirements set forth in the Board of Nursing Administrative Code.

I understand that public notice of retirement of the provider number will be provided by the Alabama Board of Nursing on the Board of Nursing website.

I understand that the TriCorder loaned to our provider number must be returned to the Alabama Board of Nursing.

Print/Type Name of Contact Person

Print/Type Name of Administrator

Signature of Contact Person

Signature of Administrator

Date

Date

Return the completed form and TriCorder to the Alabama Board of Nursing,
By Package Delivery Carriers (UPS, Fed Ex, DHL) **OR** **By** Postal Carrier
770 Washington Ave, Suite 250 PO Box 303900
Montgomery, AL 36104 Montgomery, AL 36130-9000