

ALABAMA BOARD OF NURSING Instructor Information

NAME:		2a. LICENSE NUMBER (if applicable):		
		2b. Date of Expiration:		
		2c. Type of License:		
3. EDUCATION:				
College/University	Major	Degree	Area of Preparation	Year Degree Granted
4. EXPERIENCE: (Start with most recent experience)				
Agency	Position	Clinical Area	From Mo/Yr	To Mo/Yr
5. TEACHING EXPERIENCE: (Start with most recent experience)				
Title of Course	Description	Location	Month/Year	