



Alabama Board of Nursing
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Application for Reinstatement of a Revoked Nursing License – Alabama Form 1

Supporting Affidavit

State of _____)
County of _____) §:

In the Matter of the Application of _____ for the reinstatement of his/her
(Applicant's Name)
license to practice as a _____ in the State of Alabama.
(Type of License: RN or LPN)

_____, residing at _____
(Print Affiant Name) (Print Affiant Address)

_____ being duly sworn deposes and says:
(Print Affiant Address)

I am of sound mind, capable of making this affidavit and personally acquainted with the facts stated herein.

(Affiant Signature)

Sworn to and subscribed before me this ____ day of _____ 20____.

Notary Public: _____

SEAL

My commission expires: ____ / ____ / ____

Affiant: Complete area below and Page 2 then have notarized above.

My daytime telephone number is: (____) ____ - ____ .

My occupation is: _____. I am a licensed professional: YES NO

If yes, Profession: _____ State(s): _____

License Number: _____ Is the license current? YES NO

Original License Date: ____ / ____ / ____ Expiration Date of Last Registration: ____ / ____ / ____
(month / yr) (month / day / yr)

1. I have known the applicant for _____years and _____months through the following contacts:

2. I am related to the applicant.

YES NO

3. I have direct knowledge of the circumstances surrounding the revocation of the applicant's license.

YES NO

4. It is my understanding that the applicant's license was revoked because:

5. I have seen the Order of the Board which resulted in the revocation of the applicant's nursing license.

YES NO

N/A. Applicant's license was Voluntarily Surrendered *prior* to issuance of an Administrative Complaint (AC). (Issuance of an AC results in the creation of a detailed public record and you should request the applicant provide this to you prior to completing this form).

6. It is my understanding that the applicant has done the following in an attempt to address the issue that led to the revocation of the nursing license and successfully reinstate his/her nursing license:

7. I support the reinstatement of the applicant's license because:
