**Alabama Board of Nursing**
**Peggy Sellers Benson, RN, MSHA, MSN, NE-BC**
**Executive Officer**

RSA Plaza, Ste 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5318
Fax (334) 293-5201

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

# APPLICATION FOR EMERGENCY COLLABORATION

**Last**_____ **First**_____ **Middle**_____

**DOB:** _____ **SSN:** _____

**RN License #:** _____ **Home State:** _____ **Expiration Date:** _____

**Address:** _____

**Telephone:** _____

**Email:** _____

| Professional Credentials | |
|---|---|
| **APN Role (Choose One):** | **CNM** ☐ **CRNP** ☐ |
| **NP Certification** | |
| **National Certifying Agency** | |

| Collaboration Details | | |
|---|---|---|
| Collaborating Physician/Primary Practice Site | | |
| **Physician Name** | **AL License#** | **Physical Address** |
| | | |

| Practice Sites of CRNP/CNM | |
|---|---|
| **Name** | **Address (County-only for Home Visits)** |
| | |

**Instructions:** In addition to this completed application, the applicant must submit:

- Copy of home-state RN license (for those not licensed in Alabama).
- Copy of home-state APRN approval (for those not licensed in Alabama).
- Copy of national certification as APRN (for those not licensed in Alabama).

**Incomplete applications will not be accepted.**

**Return completed application, with all required documentation, to:**
**advancedpractice@abn.alabama.gov or fax to: (334) 293-5201**

Attestation: I hereby certify that the information contained in this application is true and correct, to the best of my knowledge and belief.

**Signature of Applicant:** _____ **Date:** _____