

Alabama Board of Nursing
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LAWSON STATE COMMUNITY COLL
1100 9TH AVE. SW
BESSEMER AL 35022



Attached is your approval card which entitles you to represent yourself as an Alabama Board of Nursing approved continuing education provider for the dates specified on the card. Your name and provider number is encoded in the magnetic stripe on the back of the card. The card is necessary to use with the card reader provided by the Board to submit continuing education attendance to the Board electronically.

Include your provider number with any correspondence to the Board.


Report a lost or stolen card to the Board immediately.

Address and name changes must be reported promptly.

Requirements for continuing education providers are posted in the Alabama Board of Nursing Administrative Code, Chapter 610-X-10, Continuing Education. You should be familiar with the rules and regulations that govern your authority to represent yourself as a Board-approved provider.

The name space on the license card is limited, however, the complete name of your organization is maintained in our database and may not be reflected on the card.

ALABAMA
BOARD OF NURSING
THIS IS TO CERTIFY THAT THE INDIVIDUAL NAMED HEREON IS
LICENSED FOR THE PERIOD SPECIFIED BELOW AS A:
CE PROVIDER
PROVIDER NUMBER EFFECTIVE DATES
ABNP0513 07/09/2008 TO 07/09/2012

LAWSON STATE COMMUNITY COLL 

STATUS: **ACTIVE**