APPLICATION FOR APPOINTMENT
PEER ASSISTANCE COMMITTEE

Please complete and return with **resume and two letters of reference** to:

Peer Assistance Program
2915 North Classen, Suite 215
Oklahoma City, OK 73106
Attention: Laura Clarkson

Name: ____

Address: ____

____

Telephone: ____
(Home) (Work)

E-Mail Address: ____

Type of License, Registration &/or Certification	State or other License/Certification Authority	Number	Expiration Date

Employer: ____

Address: ____

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Telephone: ____

Title or Position: ____

Employment Dates: From____________________ To ____________________

Describe Duties and Responsibilities:

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Clinical Experience (last 5 years): ____

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Educational Preparation: ____

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Describe specific experiences, education and/or other qualifications which contribute to your expertise in chemical dependency: _____________________________________

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Briefly discuss your interest in participating on the Peer Assistance Committee:

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APPOINTMENTS TO THE PEER ASSISTANCE COMMITTEE

Members of the Peer Assistance Committee are appointed by the Oklahoma Board of Nursing from applications for a term of three years. Committee members are reimbursed for expenses incurred in discharge of their official duties in accordance with the State Travel Reimbursement Act.

The committee has the following responsibilities:

(a) determine licensee's acceptance into the program,
(b) develop with licensee a contract for program participation,
(c) meet with licensee on a specified basis to monitor and determine progress,
(d) determine successful completion of the program,
(e) determine termination from the program for failure to comply,
(f) report all terminations to the Board.

Members of the committee shall have expertise in chemical dependency and the composition of the committee shall be:

(a) at least three members,
(b) at least one member who has ANCB, NAADACCB or ODAPCCB certification,
(c) at least one recovering person, and
(d) the majority to be currently licensed nurses.

Please indicate below which qualification(s) you meet by completing the appropriate information and attaching to your application. This information will be utilized in ensuring the committee composition is met.

_____________ANCB Certification
Certificate Number___________________
Expiration Date_______________________

_____________ NAADCCB Certification
Certificate Number_____________________
Expiration Date_________________________

_____________ ODAPCCB Certification
Certificate Number ______________________
Expiration Date _________________________

_____________Recovering Person
Sobriety Date ____________________________

____________Licensed Nurse
Biennial Number _________________________
Expiration Date __________________________

Any application with a State Agency for an appointive position is subject to the Open Records Act.