

**PEER ASSISTANCE PROGRAM**

2501 N. Lincoln Blvd., Ste. 217  
Oklahoma City, OK 73105

**OKLAHOMA BOARD OF NURSING**

405/525-2277  
Fax 405/525-0350

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[www.oklahoma.gov/nursing](http://www.oklahoma.gov/nursing)

**APPLICATION FOR APPOINTMENT PEER ASSISTANCE COMMITTEE**

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

Peer Assistance Program  
P.O. Box 52926  
Oklahoma City, OK 73152  
Attention: Melissa Monroe, DNP, RN

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: \_\_\_\_\_  
\_\_\_\_\_

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.

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 certification/licensure in addictions,
- (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.

\_\_\_\_\_ NNSA Certification  
Certificate Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_ LADC/CADC Certification  
Certificate Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_ Recovering Person  
Sobriety Date \_\_\_\_\_

\_\_\_\_\_ Licensed Nurse  
License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

PAC APPLICATION

Revised: 9/5/19; 3/25/26