

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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<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 _____

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Describe Duties and Responsibilities:

Clinical Experience (last 5 years): _____

Educational Preparation: _____

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

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.

_____ ANCB Certification
 Certificate Number _____
 Expiration Date _____

_____ LADC/CADC
 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.

PAC APPLICATION

Revised: 9/5/19