

**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 REAPPOINTMENT**  
**PEER ASSISTANCE COMMITTEE**

Please complete and return to: Peer Assistance Program  
P.O. Box 52926  
Oklahoma City, Oklahoma 73152  
Attention: Melissa Monroe, DNP, RN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ORIGINALLY APPOINTED:

Type of License, Registration &/or Certification	State or other License/Cert. 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 CONTINUED PARTICIPATION ON THE  
PEER ASSISTANCE COMMITTEE:

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