

PEER ASSISTANCE PROGRAM2915 N. Classen Blvd., Ste. 215
Oklahoma City, OK 73106**OKLAHOMA BOARD OF NURSING**405/525-2277
Fax 405/525-0350
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**APPLICATION FOR REAPPOINTMENT
PEER ASSISTANCE COMMITTEE**

Please complete and return to: Peer Assistance Program
2915 N. Classen, Suite 215
Oklahoma City, Oklahoma 73106
Attention: Laura Clarkson, R.N, CARN

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 _____

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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 CONTINUED PARTICIPATION ON THE PEER ASSISTANCE COMMITTEE:
