

**PEER ASSISTANCE PROGRAM**  
2901 N. Classen Blvd. Ste. 101  
Oklahoma City, OK 73106

www.nursing.ok.gov

**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  
2901 N. Classen, Suite 101  
Oklahoma City, Oklahoma 73106  
Attention: Jenny Barnhouse, 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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