

PEER ASSISTANCE PROGRAM2901 N. Classen Blvd. Ste. 101
Oklahoma City, OK 73106**OKLAHOMA BOARD OF NURSING**405/525-2277
Fax 405/525-0350
page 1 of 2www.ok.gov/nursing**APPLICATION FOR REAPPOINTMENT
PEER ASSISTANCE COMMITTEE**

Please complete and return to: Peer Assistance Program
2901 N. Classen, Suite 101
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 _____

PEER ASSISTANCE PROGRAM

2901 N. Classen Blvd. Ste. 101
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING

405/525-2277
Fax 405/525-0350
page 2 of 2

www.ok.gov/nursing

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:
