



Texas Peer Assistance Program for Nurses Advisory Committee Member Application Former TPAPN Participant

Thank you for your interest in serving on the TPAPN Advisory Committee. If you would like to apply, please review the following information, complete and return the application with requested materials to tpapn@texasnurses.org or print and mail to 4807 Spicewood Springs Rd., Bldg. 3, Ste. 100, Austin, TX, 78759 or fax to: 512-467-2620.

TPAPN Advisory Committee Overview

The TPAPN Advisory Committee is a group of volunteer key stakeholders that serve to support and provide guidance to the program in carrying out its mission and vision. The Advisory Committee members are identified collaboratively between TPAPN and the Texas Nurses Foundation. Committee members offer insight, support, and varying perspectives and expertise to the TPAPN Program Director in making decisions relating to the program.

Name:

Address:

City:

State:

Zip:

Email:

Phone:

Please Answer:

1. When did you complete the TPAPN program? Please list dates of participation and the date of successful completion:

2. Describe your interest in TPAPN and what makes this organization interesting to you.

3. What organizations, if any, are you associated with that can help TPAPN drive communication and program exposure?

4. Do you have experience with voluntary board service in the past?

No

Yes

If Yes, what did you find most rewarding?

5. Please list 3-5 areas in which you have expertise and/or experience in that relates to the mission of TPAPN.

6. Please describe your experience with, and understanding of peer assistance programs, pertaining to their history and purpose.

7. Briefly describe your journey to TPAPN, your experience with it, and what unique perspective you can bring to the advisory board as a former TPAPN participant.

Required Documentation:

1. Minimum of 2 one-page letters of recommendation from a nursing peer, TPAPN case manager, or work supervisor.

The letter should state:

- a. In what capacity the individual has known you;
 - b. How long the individual has known you;
 - c. Why the individual believes you would make a good Advisory Committee Member for TPAPN; and
 - d. The letter must be legible, signed with the individuals name, date of letter and please include address and phone number for possible contact.
2. A one-page curriculum vitae or work history outline.

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

Signature:

Date: