



Application for Intervention Evaluation Committee Member

About the Intervention Program for Registered Nurses.

The Intervention Program (Program) is a voluntary and confidential recovery and monitoring program for registered nurses (RNs) whose practice may be impaired by substance use disorder or mental illness. The Program protects the public by providing RNs access to effective treatment and monitoring services and returning them to safe nursing practice.

Intervention Evaluation Committee (IEC).

The Board has created several IECs. Each has the following duties and responsibilities:

- To evaluate those registered nurses who request participation in the program according to the Board's guidelines, and to make recommendations.
(NOTE: [Intervention Program Guidelines](#) are located in California Code of Regulations, title 16 sections 1446-1449.)
- To review and designate those treatment services to which registered nurses in an intervention program may be referred.
- To receive and review information concerning a registered nurse in the program.
- To consider in the case of each registered nurse participating in a program whether he or she may with safety continue or resume the practice of nursing.
- To call meetings as necessary to consider the requests of registered nurses to participate in an intervention program, and to consider reports regarding registered nurses participating in a program.
(NOTE: Generally, meetings are held quarterly, and may be held in -person at various locations throughout California or via teleconference through internet connection.)
- To make recommendations to the program manager regarding the terms and conditions of the intervention agreement for each registered nurse participating in the program, including treatment, supervision, and monitoring requirements.

Membership.

Each IEC is composed of five members:

- Three nurse members: must hold active California license and have demonstrated expertise in the field of chemical dependency or psychiatric nursing.
- One physician member: must hold active California license and specialize in the diagnosis and treatment of addictive diseases or mental illness.
- One public member: must be knowledgeable in the field of chemical dependency or mental illness.

Compensation and Reimbursement for Expenses.

Each member receives per diem of one hundred dollars (\$100) for each day spent in the discharge of official duties, and is reimbursed in accordance with state rates for traveling and other expenses necessarily incurred in the performance of official duties.



Application for Intervention Evaluation Committee Member

Please complete this application and submit with a current resume to
brn-intervention@dca.ca.gov.

Applicant Information

First Name **MI** **Last Name**

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Address 1

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Address 2

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City **State** **Zip**

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Mobile Phone **Home Phone** **Email**

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Professional Licenses or Certifications

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Which appointment type are you applying for?

Nurse

Physician

Public

Please indicate your location preference (1st, 2nd, 3rd).

___ Northern California	___ Central California	___ Southern California
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While BRN cannot guarantee appointment to your preferred location, we will attempt to accommodate your preference where vacancy is available.

How did you hear about the CA BRN Intervention Program?

Professional Association

BRN Website

Social Media

Other Licensing Agency

Colleague

Other (please specify): _____

1. **Interest.** Briefly describe why you would like to serve on an Intervention Evaluation Committee (IEC).

2. **Expertise.** Briefly describe your knowledge and expertise in the field of substance use disorder and/or mental health.

3. **Prior Committee Service.** Have you ever served on any committee under the Board of Registered Nursing?

Yes No

If yes, please provide the name of the committee and the time period you served in this capacity:

4. **Time Commitment.** If you are appointed to a committee, can you commit the time necessary to prepare for and attend meetings? Each committee meets once every 3 months for up to two days (up to 8 hours each day) with an hour break for lunch. Travel may be necessary to attend meetings. (Members will be reimbursed for travel expenses in accordance with state travel rules.)

Yes No

5. **Tenure.** If you are appointed to a committee, would you be able to hold office until the appointment and qualification of a successor or until one year has elapsed since the expiration of the term, whichever occurs first? (Members may be reappointed to serve up to two consecutive full terms.)

Yes No

6. **Professional Misconduct.** Have you ever been formally disciplined, cited for breach of ethics or unprofessional conduct or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?

Yes No

If yes, please explain:

7. **Conflict of Interest.** Is there any possible conflict of interest, whether financial or personal, or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee?

Yes No

If yes, please explain:

Statement of Economics Interest Filing: The Department of Consumer Affairs' Conflict of Interest Code (16 CCR § 3830) requires certain designated employees, including IEC members, to file annual financial disclosure statements (Statements of Economic Interest). All new appointees will be provided with the Fair Political Practices Commission's Statement of Economic Interest Form 700. IEC members cannot be involved in any other program components of the BRN's Intervention Program. Additional program components include Nurse Support Group Facilitator or Co-Facilitator, Expert Witness, Nurse Consultant. The Intervention Program is contracted to a private contractor outside of State service. IEC members cannot be involved with the contractor as staff or Clinical Assessors.

By signing below, I certify that:

- I have completely reviewed the Intervention Evaluation Committee requirements as provided in this application and I confirm that I meet those requirements.
- I have reviewed the [Intervention Program Guidelines](#) as provided in in California Code of Regulations, title 16 sections 1446-1449.

Date: _____

Signature: _____

Submit completed application with your curriculum vitae:

By email to: brn-intervention@dca.ca.gov

or

By mail to: Board of Registered Nursing, ATTN: Intervention Program, PO Box 944210, Sacramento, CA 94244-2100