

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | <u>www.rn.ca.gov</u>



INTERVENTION PROGRAM Request for Presentation

If you would like an overview of the BRN Intervention Program presented at your event, complete this form and send to "BRN Intervention Program" **BY FAX**: (916) 574-7628 or **BY MAIL**: BRN Intervention Program, PO Box 944210, Sacramento, CA 94244

CONTACT INFORMATION				
Company/School Name:				
Company/School Address:				
Contact Person/Title:				
Phone: ()	Email Address:			
Event Title (if applicable):				
Event Type: Workshop/Meeting Seminar Classroom Other:				
Event Address: ☐ (same as above	·)			
Dates Available:		Time Allotted:	# Attendees:	
Attendee Type: RN Staff Managers HR/Admin. Student Other (please describe):				
1) What are your specific informational needs? (check all that apply) □ Intervention □ Hiring, return to work, ADA □ Program staff and volunteers □ Referral □ Monitoring □ Other: □ Program requirements □ Facilitated support groups				
suspected or identified as ha NOTE: Having knowledge of a	ving a substance existing policies m	acility's policies pertaining to use disorder or psychiatric di ay help us guide attendees in mon Program does not discredit a	sorder: aking best practice	

3)	Does your facility intervene/manage a nurse employee differently depending upon whether the			
•	nurse has been a) diverting medication versus b) misusing personal prescription medication or			
	alcohol? If yes, explain briefly how?			
4)	777 4 114 1 4 1 1 1 4 4 T 4 4 D			
4)	What additional questions do you have about the Intervention Program:			