

BOARD OF REGISTERED NURSING PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



APPLICATION FOR NURSE SUPPORT GROUP FACILITATOR OR CO-FACILITATOR

Please submit this form to the attention of the BRN Intervention Program.

Name									
Address	5								
City						State		Zip	
Home			Work				Cell		
Email									
CA RN License # (if applicable)									
Applying as a Facilitator			Co-fa	acilitator					
Name of facilitator (if applying as co-facilitator)									

1. How many years/months experience do you have in the treatment and rehabilitation of substance use disorder or mental health?

Please provide a detailed description of your experience:

2. How many years/months experience do you have in counseling or facilitating a peer support group?

Please provide a detailed description of your experience:

3. Please list license and/or certification from any other state or nationally certified organization:

Name of Organization	License or Certificate ID #	Date of Issuance	Date of Expiration

4. Please list education in the area of substance use disorders or mental health:

Degree or Course	School/ Organization	Date Completed

5. How many years in stable recovery (if applicable)? _____ years \Box not applicable

Please submit the following documents with this form:

 \Box Your curriculum vitae

□ Sample group rules (facilitator applicants only)

I certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including attachments are true and accurate. I further understand that any false, incomplete, or incorrect statements may result in my disqualification.

Signature