

### **BOARD OF REGISTERED NURSING**

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



## INTERVENTION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Intervention Evaluation Committees (IECs). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's Intervention Program for nurses with substance use disorder or/and mental illness.

In making a determination to apply, the following factors should be considered:

**EXPERTISE** - Members must have demonstrated expertise in the field of substance use disorders and/or mental health.

**TIME** – A minimum of four days per year in attendance will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

**FINANCIAL REIMBURSEMENT** - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

**RESPONSIBILITIES** – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

**CONFLICT OF INTEREST** –DCA's Conflict of Interest Code 16 CCR §3830; Gov. Code §87302(a) 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.

If an IEC member has a prior personal or professional relationship with the participant, that member will inform the committee and recuse her/himself.

An IEC member shall not be an AA/NA or any other 12-Step sponsor to a current participant.

IEC members cannot be involved in any other program components of the BRN's Intervention Program. Other program components include Nurse Support Group Facilitator/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.

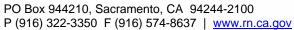
**EQUIPMENT** – It is required that you have a personal laptop/tablet and access to the internet in order to obtain confidential participant records.

If you have any questions regarding the application or the Intervention Program, please call the Intervention Unit at (916) 574-7692.



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

## **BOARD OF REGISTERED NURSING**





# INTERVENTION EVALUATION COMMITTEE (IEC) APPLICATION

<i>PLEASE PRI</i> NAME:	NT OR TYP	E			
ADDRESS:					
PHONE:	( )		_( )	( )	
	Work		Home	Cell	
	E-Mail			Fax	_
Category for which you are applying: *Nurse		*Physician	*Public Member		
California Lice		er: active/current and in good sta	anding)		
Area(s) of Expertise:		Substance Use Disorder		Mental Health	

Attach a current resume. Please answer the following questions - use extra paper if necessary: <u>Explain why you are interested in becoming a IEC member</u>:

Describe your education or work experience with Substance Use Disorders:				
Describe your education or work experience with Mental Health:				

PLEASE INDICATE	YOUR FIRST, SECOND AND THIRD IEC LOCATION PREFERENCE:			
Caanamaanta	Day Area Las Areaslas Organia Cayenty			
Sacramento	DBay AreaLos AngelesOrange County San JoseBurbank			
	San Diego			
Ontano	San Diego			
I HAVE READ AND	UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS			
	MENT OF INTERVENTION EVALUATION COMMITTEE MEMBERS.			
Signature	Date:			
SUBMIT COMPLETED APPLICATION AND RESUME TO:				
By mail:	Intervention Program Manager			
	Board of Registered Nursing			
	PO Box 944210			
Dv EAV.	Sacramento, CA 94244-2100			
By FAX:	(916) 574-7628			

Explain your philosophical beliefs relative to the treatment of Substance Use Disorders.