

PEER REVIEW COMMITTEE APPLICATION

Name: _____

Home Address: _____

Work Address: _____

Home Email: _____

Work Email: _____

Work Phone: _____

Cell or Home Phone: _____

Are you currently a MLADC: _____ LADC: _____ Expiration Date: _____

When were you first licensed: _____ License Number: _____

Checklist:

_____ Resume

_____ Letter of Intention- tell the Board why you are interested in serving on Peer Review and what qualifications you believe you have to offer the position.

_____ Ethics Training certificate (most recent)

_____ 1 letter of recommendation from a colleague

_____ Signed Cover Letter

FOR OFFICE USE ONLY:

Administrative Notes:

PEER REVIEW COMMITTEE APPLICATION

Dear Licensee:

The Licensing Board for Alcohol and Other Drug Use Professionals has established a Peer Review Committee. The purpose of this committee is to review applications for renewal or initial applicants and to review CEU applications. This position requires a substantive time commitment of 4-5 hours a month. The committee will meet the first Thursday of each month beginning at 8:30am-1pm. This position will be a 2-year appointment by the Board.

Requirements include 2 year's post-license experience, 1 letter of recommendation from a colleague, resume, and recent ethics training.

If you are interested in becoming a member of the Peer Review Committee, please fill out the application, attach the required documentation, and send to the Board. The deadline for applications is June 1, 2017.

Signature of Applicant

Date