

**TEXAS PEER ASSISTANCE PROGRAM FOR NURSES (TPAPN)
ADVOCATE APPLICATION**

How were you recruited to become an advocate?

Employer__ Friend__ Workshop__ BON Newsletter__ Advocate (name): _____
Participant__ Other: _____

Please answer questions 1 through 25. Please attach additional sheets for questions 21 through 24 if necessary.

1. NAME _____ 2. SSN _____ 3. DOB _____

4. ADDRESS _____

5. CITY _____ 6. COUNTY _____ 7. STATE _____ 8. ZIP _____

9. TELEPHONE (H) _____ 10. (W) _____ 11. (CELL) _____

12. FAX _____ 13. PAGER _____

14. PREFERRED E-MAIL _____

15. EMERGENCY CONTACT NAME _____ 16. PHONE _____

17. CURRENT EMPLOYER _____

18. PRESENT POSITION _____

19. RN/LVN LICENSE NUMBER _____ EXPIRES _____

20. STATUS OF YOUR CURRENT LICENSE _____ ACTIVE _____ INACTIVE _____ RETIRED

21. ARE ANY STATE LICENSING BOARDS CURRENTLY INVESTIGATING YOU? _____ YES _____ NO
IF YES, EXPLAIN _____

22. HAS ANY STATE'S LICENSING BOARD TAKEN ACTION AGAINST YOUR LICENSE IN THE PAST FIVE YEARS?
_____ YES _____ NO IF YES, EXPLAIN _____

23. DO YOU HAVE ANY FELONY OR MISDEMEANOR CHARGES PENDING? _____ YES _____ NO
IF YES, EXPLAIN _____

24. HAVE YOU EVER BEEN CONVICTED OF OR RECEIVED DEFERRED ADJUDICATION FOR A FELONY, INCLUDING
SEXUAL ASSAULT OR PREDATION?
_____ YES _____ NO IF YES, EXPLAIN _____

25. EDUCATION (please check those that apply):
___ LVN Certificate _____ Other license(s) (specify) _____
___ Associate Degree
___ Diploma
___ Baccalaureate Degree Nursing
___ Master of Science Nursing
___ Higher Degree in Nursing (specify) _____
___ Other Degree(s) (specify) _____

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Please answer all questions that apply. Please attach additional pages if necessary. If a question is not applicable, please indicate as such:

1. Why do you want to become a TPAPN Advocate?
2. Briefly, what is your view of psychiatric and substance use disorders?
3. If you are a recovering nurse, please indicate:
 - a. My clean/sobriety date is _____
 - b. My mental health recovery started _____
4. If recovering, are you involved in any community based support groups such as AA or NA?
 - a. If you attend such groups, how many meetings do you attend weekly?
 - b. If you don't attend groups, what do you do to support your ongoing recovery?
 - c. How are you going to role model your recovery to your participants?
5. If you are not in recovery, how do you practice self care/wellness and how will you model it to your participant?
6. What do you believe is the best mode of treatment:
 - a. For a nurse with substance use disorders?
 - b. For a nurse with psychiatric disorders?
7. What skills do you possess that would assist you while working with a participant in TPAPN?
8. Please describe what time and resources you have available that would allow you to assist TPAPN participants:
9. Given caseload demands, are you willing to advocate for a minimum of two participants?
If no, please explain:
10. Please indicate the number of hours each week you can invest toward advocating for a recovering nurse:

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Attachments requested:

(Applications without the following will not be processed)

**1. A one-page letter of recommendation from a nursing peer, supervisor or work superior.
(Not your TPAPN Advocate)**

The letter should state:

- a. In what capacity the individual has known you;
- b. How long the individual has known you; and
- c. Why the individual believes you would make a good volunteer for TPAPN. The letter must be legibly written in ink or typeface, signed, along with the individual's name in print, date of letter, address and telephone number for possible contact by TPAPN.

2. A one-page summary curriculum/vita or work history outline.

The summary should be no more than one page please. Full resumes are not necessary.

3. A recent photograph of yourself.

Please submit a passport type (head portrait) photograph only. This picture is for identification and recognition purposes only.

If selected, I agree to adhere to the TPAPN Advocate’s Standards of Practice.

Signature

Date

Advocate Application Checklist:

Completed application and answered all questions.

One page letter of recommendation from a nursing professional (preferably an employer).

One page summary curriculum vita or work history attached to application.

Passport (head portrait) photo for identification purposes.

Application signed and dated.

Retained copy of application for my records.

Faxed completed, original TPAPN Advocate Application to: (512)467-2620 or mailed to:
TPAPN

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Austin, Texas 78759

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TPAPN ADVOCATE GUIDELINES

1. Appointment - advocates shall be appointed by the program director based on recommendations from TPAPN Case Managers and the Advocate Committee.
2. Qualification selection of advocates shall be based on the following criteria:
 - a. Hold a valid Texas nursing license that is free and clear.
 - b. You are not required to be in recovery. Nurses in recovery from substance use disorder and/or psychiatric disorders must have a minimum of 3 years of good recovery for substance abuse and/or psychiatric disorders *if not an APRN*. APRNs must have 5 years of good recovery.
 - c. Be knowledgeable about policies and procedures of TPAPN.
 - d. Be knowledgeable with respect to regulations that govern nursing practice in Texas.
 - e. Function within policies, procedures, and regulations in "c" and "d" above.
 - f. Be knowledgeable about substance abuse and psychiatric disorders.
 - g. Support that substance use and psychiatric disorders are diseases and are treatable.
 - h. Demonstrate interpersonal skills necessary in serving as a TPAPN advocate.
 - i. Make a commitment of time and energy required by the program/participants.
 - j. Complete a current TPAPN advocate application for review by the Advocate Committee.
 - k. Complete a TPAPN advocate training workshop and certify as an advocate with TPAPN.
 - l. Act as a resource person for employer and TPAPN participant.
 - m. Must inform TPAPN if one is not in good recovery, i.e., would be unable to fulfill the advocate role until minimum recovery time has elapsed (see "b" above).
 - n. Be responsible and accountable for action with respect to his/her role as a TPAPN advocate.
3. Education - all advocates will be expected to successfully complete (per receipt of course certificate and/or attestation to TPAPN); a) at least one TPAPN sanctioned, continuing education activity targeted to TPAPN Advocates every two years **and**; b) 3 hours of continuing education related to psychiatric and/or substance use disorders *every three years* from a nationally recognized provider of continuing education.
4. Caseload - shall be determined by TPAPN based on resources, ability, and time constraints of the advocate.
5. Responsibilities:
 - a. Act as an advocate/peer support for the nurse participant.

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- b. Act as an educational resource for employers of nurses and the nursing community.
 - c. Serve on workshop planning as requested.
 - d. Notify the TPAPN office if participant fails to maintain contact with advocate or is nonadherent with TPAPN. Notify the TPAPN office of any significant developments, e.g., contact by legal authorities, suicide threat, etc
6. TPAPN advocates **will not** be responsible for:
- a. Conducting interventions.
 - b. Advocating or reporting to the nurse's employer or the TPAPN office unless the nurse is a potential danger to self or others.
 - c. Functioning as the nurse's counselor/therapist.
 - d. Dictating the nurse participant's treatment/rehabilitation requirements.
 - e. Finding jobs for participants.
7. Advocates functioning as part of the nurse's primary treatment team are not to advocate for the nurse.
8. Advocates employed by substance use or psychiatric treatment facilities must inform the nurse of such associations during their initial contact with the nurse.
9. Advocates who have the same employer as their participant(s) are not to advocate for nurses who they supervise, have administrative authority over, or may otherwise be placed in a conflict of interest.
10. Advocates are not to gain financially from their volunteer work or association with TPAPN.
11. Advocates may only refer nurses (referred to or participating in TPAPN) to Councils on Alcohol and Drug Abuse.
12. Referral to other assessment/treatment for nurses referred or participating in TPAPN is to be made by other entities, e.g., EAP, managed care provider, mental health professional and TPAPN case managers.