

PEER ASSISTANCE PROGRAM

OKLAHOMA BOARD OF NURSING

Contact: 2501 N. Lincoln Blvd. • Suite 217 • Oklahoma City, Oklahoma 73105-4508

US Postal Delivery: PO Box 52926 Oklahoma City, OK 73152

(405) 525-2277 • <https://oklahoma.gov/nursing> • Fax (405) 525-0350

REPORT/SUMMARY OF SPONSOR CONTACT

(Must be received in the office by the 5th of each reporting month)

(Reporting months: January, April, July, October)

CLIENT NAME _____

DATE DUE _____

I release to the Peer Assistance Program the information required below:

Client Signature

=====

Length of time you have been client's sponsor _____

Frequency of contact _____

Showing progress in program _____

Compliance with suggestions _____

Comments/Concerns _____

Sponsor's Signature
(First name, last initial)

Sponsor's Telephone Number