

PEER ASSISTANCE PROGRAM

2915 N. Classen Blvd., Suite 215
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING

405/525-2277
Fax 405/525-0350

Change of Supervisor Form

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Nurse Participant:

Name and address of Employer

New Supervising Nurse (Name, Title and License #)

Phone number and extension

Name of Supervising Nurse being replaced

[Both the new supervising nurse and the nurse manager must sign this form.]

I have reviewed the existing Peer Assistance Program Contract and the Supervised Practice Agreement for the above named Program participant and agree to assist this individual according to the terms of the contract and agreement.

Signature of New Supervising Nurse

Date

Signature of Nurse Manager

Date

Revised: 5/8/07

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