

PEER ASSISTANCE PROGRAM
2915 N. Classen Boulevard, Suite 215
Oklahoma City, OK 73106

Oklahoma Board of Nursing
(405)525-2277
Fax (405)525-0350

www.ok.gov/nursing

Reporting Month _____ 20 _____

Nurse Support Group Attendance Log

Date	Facilitator Signature	Facilitator initial if group was not held

Aftercare Attendance Log

Date	Facilitator Signature	Facilitator initial if group was not held

Participant Signature _____

Date _____

(Attach to Self-Assessment and submit by the 5th day of the month due)