

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

OKLAHOMA BOARD OF NURSING  
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### NURSE SUPPORT GROUP FACILITATOR REPORT

(Reports are due the 5<sup>th</sup> of the month and must be received in the program office no later than the 15<sup>th</sup> day of February, May, August and November)

Participant: \_\_\_\_\_ Reporting Months \_\_\_\_\_

1. Absences in the past quarter? \_\_\_\_\_

2. Fees are current? Yes No (please circle choice)

3. Group participation: Active \_\_\_\_\_ Attentive \_\_\_\_\_ Distracted \_\_\_\_\_

4. To your knowledge has the participant been abstinent this past quarter?  
Yes No (Please circle choice. If no, please address below.)

5. The participant \_\_\_\_\_ (Please circle choice)  
A. Expresses a desire for recovery.  
B. Exhibits behaviors consistent with recovery.  
C. None of the above.

6. Comments/Recommendations for the Peer Assistance Committee? \_\_\_\_\_

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\_\_\_\_\_  
Facilitator Signature

\_\_\_\_\_  
Date