

**PEER ASSISTANCE PROGRAM****OKLAHOMA BOARD OF NURSING**

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(405) 525-2277 • <https://oklahoma.gov/nursing> • Fax (405) 525-0350**NURSE SUPPORT GROUP FACILITATOR REPORT**(Reports are due in the program office on the 5<sup>th</sup> day of January, April, July, October)

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