

PEER ASSISTANCE PROGRAM
2901 N. Classen Blvd., Suite 101
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING
405/525-2277
Fax 405/525-0350

www.ok.gov/nursing

CHANGE OF ADDRESS

PLEASE PRINT THE FOLLOWING INFORMATION:

I need to report my change of address to the Peer Assistance Program.

Date: _____

Name: _____

License Number: _____

New Address: _____
Street Apt. #

_____ City State Zip

Old Address: _____
Street Apt. #

_____ City State Zip

Current Phone Numbers: Home: _____

Cell: _____

Work: _____

All changes of address must also be reported to the Oklahoma Board of Nursing within 30 days of the change. (OAC Title 485:10-7-9 and 485:10-9-9) Reporting address changes to the Peer Assistance Program does not satisfy this requirement.

Signature (required): _____