

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

Oklahoma Board of Nursing  
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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	Counselor initial if group was not held

Participant Signature

Date

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