

**PEER ASSISTANCE PROGRAM**2915 N. Classen Blvd., Ste. 215  
Oklahoma City, OK 73106**OKLAHOMA BOARD OF NURSING**(405)525-2277  
Fax: (405) 525-0350

www.ok.gov/nursing

**PEER ASSISTANCE PROGRAM APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OTHER CONTACT PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LPN    RN    ARNP    CNM    CRNA    CNSLIST ALL STATES OF LICENSURE, LICENSE NUMBERS and STATUS OF LICENSE:

\_\_\_\_\_

OTHER ACTIVE PROFESSIONAL LICENSES AND STATES: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**START WITH PRESENT EMPLOYER  
AND WORK BACK PREVIOUS THREE EMPLOYERS

NAME	DATES OF EMPLOYMENT	JOB TITLE	SPECIALTY AREA	REASON FOR LEAVING

Why are you applying to the Peer Assistance Program today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an abuse and/or addiction problem with drugs and/or alcohol? YES NO

If accepted into the Peer Assistance Program, what do you hope to achieve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony or are you currently charged with the commission of a felony?

YES     NO    If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL FROM THE PEER ASSISTANCE PROGRAM.

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

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**STATISTICAL DATA**

THE INFORMATION REQUESTED BELOW IS OPTIONAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY. THE INFORMATION WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST ANY APPLICANT.

**DATE OF BIRTH** \_\_\_\_\_

**NUMBER OF CHILDREN** \_\_\_\_\_

**AGES OF CHILDREN** \_\_\_\_\_

**SEX:**     MALE  
 FEMALE

**MARITAL STATUS:**     SINGLE     MARRIED  
 DIVORCED     SEPARATED     WIDOWED

**RACE/ETHNIC GROUP:**     CAUCASIAN     AFRICAN- AMERICAN  
 HISPANIC     ASIAN/PACIFIC ISLANDER  
 AMERICAN INDIAN/NATIVE ALASKAN