TEXAS PEER ASSISTANCE PROGRAM FOR NURSES

TPAPN REFERRAL DOCUMENTATION

Complete all fields and PRINT this form.

INFORMATION ABOUT PERSON REFERRING NURSE

First Name _____ Last Name _____

Title _____ Place of Employment _____

Facility Address _____

City _____ TX ZIP _____

Telephone _____ EMAIL _____

Relationship to Nurse Colleague Other _____

INFORMATION ABOUT NURSE BEING REFERRED

First Name _____ Last Name _____ Phone _____

Home Address _____ City _____ TX ZIP _____

Texas Nursing License Number _____ Expiration Date _____ SS# _____

Title LVN APRN License # _____

Age _____ Date of Birth _____ FEMALE

Job Status When Referred Employed Length of Employment _____ Type of Employment _____

Facility Name (same as above) ☐ (if different) _____

Current Area of Practice _____ Reason for Referral Select

REQUIRED: Description of Possible Practice Violations. (be specific, add additional pages as needed, click in box to start)

Form Completed By _____ Date _____

Contact TPAPN at 1.800.288.5528 for any questions regarding making a referral.

Print form and FAX to (512) 467-2620 or mail to:
TPAPN, C/o Texas Nurses Foundation, 8501 N. MoPac Expy., Ste. 400, Austin, Texas 78759.
Please include supportive documentation, i.e., drug test results, etc.
Third party referral sources are also required to fax a copy to the Board of Nursing at (512) 305-7401.
Click here for the Texas Board of Nursing complaint form or go to Texas Board of Nursing.