



TPAPN REFERRAL DOCUMENTATION

Please complete all fields on this form. If emailing form, **save** the file and send as an attachment. Otherwise, **print** and mail or fax.

INFORMATION ABOUT PERSON REFERRING NURSE

First Name	Last Name	
Title	Place of Employment	
Facility Address		
City	TX	ZIP
Telephone	Email	
Relationship to Nurse	Other	

INFORMATION ABOUT NURSE BEING REFERRED

First Name	Last Name	Phone
Home Address	City	TX ZIP
Texas Nursing License Number	Expiration Date	
Title	APRN License #	
Age	Date of Birth	
Job Status When Referred	Length of Employment	Type of Employment
Facility Name [same as above]	[if different]	
Current Area of Practice	Reason for Referral	

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, 4807 Spicewood Springs Rd, Bldg 3, Suite 100, Austin, TX 78759.

Include supportive documentation, i.e., drug test results, etc.

Third party referral sources must 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](#).