Date: ________________________________

To: The Texas Board of Nursing

From: The Peer Review Committee at the School of Nursing, Stephen F. Austin State University

1. Nurse Being Reported ______________________________________
2. License No. ______________________________________________

3. Complaint

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4. Description of corrective action against the nurse:

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The Peer Review Committee:

__________Recommends that the board take no formal disciplinary action against the nurse

__________Recommends that the board take formal disciplinary action against the nurse

Additional Information:

____________________________________
Chairman of Peer Review Committee