

**STEPHEN F. AUSTIN STATE UNIVERSITY
SCHOOL OF NURSING
PEER REVIEW REPORT – FORM D**

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

4. Description of corrective action against the nurse:

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