

**ARIZONA STATE BOARD OF NURSING
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655
(602) 771-7865 FAX (602) 771-7882**

AA/NA ATTENDANCE REPORT

NAME: _____

TIME PERIOD: FROM: _____ TO: _____

SPONSOR'S NAME: _____ Temporary _____ Permanent _____
(Must check one of the above)

If you do not have a sponsor, please explain:

HOME GROUP: Yes _____ No _____ LOCATION: _____

Below, and on the other side of this form, **LIST ONLY AA/NA/CA** meetings, the date you attended, and have the Chair of the meeting initial your attendance. Have your sponsor sign the form before mailing it to CANDO. **NO ABBREVIATIONS. NO DITTO MARKS.**

MEETINGS

<u>DATE</u>	<u>NAME OF MEETING</u>	<u>CHAIR INITIALS</u>	<u>DATE</u>	<u>NAME OF MEETING</u>	<u>CHAIR INITIALS</u>
EXAMPLE <u>00/00/00</u>	EXAMPLE <u>Get It Together</u>	EXAMPLE <u>Initials</u>	11. _____	_____	_____
1. _____	_____	_____	12. _____	_____	_____
2. _____	_____	_____	13. _____	_____	_____
3. _____	_____	_____	14. _____	_____	_____
4. _____	_____	_____	15. _____	_____	_____
5. _____	_____	_____	16. _____	_____	_____
6. _____	_____	_____	17. _____	_____	_____
7. _____	_____	_____	18. _____	_____	_____
8. _____	_____	_____	19. _____	_____	_____
9. _____	_____	_____	20. _____	_____	_____
10. _____	_____	_____	21. _____	_____	_____

CONTINUED ON BACKSIDE 

<u>DATE</u>	<u>NAME OF MEETING</u>	<u>CHAIR INITIALS</u>	<u>DATE</u>	<u>NAME OF MEETING</u>	<u>CHAIR INITIALS</u>
22. _____	_____	_____	46. _____	_____	_____
23. _____	_____	_____	47. _____	_____	_____
24. _____	_____	_____	48. _____	_____	_____
25. _____	_____	_____	49. _____	_____	_____
26. _____	_____	_____	50. _____	_____	_____
27. _____	_____	_____	51. _____	_____	_____
28. _____	_____	_____	52. _____	_____	_____
29. _____	_____	_____	53. _____	_____	_____
30. _____	_____	_____	54. _____	_____	_____
31. _____	_____	_____	55. _____	_____	_____
32. _____	_____	_____	56. _____	_____	_____
33. _____	_____	_____	57. _____	_____	_____
34. _____	_____	_____	58. _____	_____	_____
35. _____	_____	_____	59. _____	_____	_____
36. _____	_____	_____	60. _____	_____	_____
37. _____	_____	_____	61. _____	_____	_____
38. _____	_____	_____	62. _____	_____	_____
39. _____	_____	_____	63. _____	_____	_____
40. _____	_____	_____	64. _____	_____	_____
41. _____	_____	_____	65. _____	_____	_____
42. _____	_____	_____	66. _____	_____	_____
43. _____	_____	_____	67. _____	_____	_____
44. _____	_____	_____	68. _____	_____	_____
45. _____	_____	_____	69. _____	_____	_____

TOTAL ATTENDED: _____

2/wk _____ 3/wk _____ 90/90 _____
 (Must check one of the above)

If you have not attended the required minimum number, please call to discuss why. Your commitment to recovery is reflected in your follow through with meetings and your active participation in the program.

 Signature of Sponsor

 Phone # (Optional)