

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

CANDO - AA/NA ATTENDANCE REPORT

NAME: _____

TIME PERIOD COVERED BY THE REPORT: FROM: _____ TO: _____

Sponsor's signature: _____ acknowledges review of meeting attendance only.

Sponsor's printed name (first name only is OK): _____ and phone or email (optional) _____

Sponsor is: Temporary Permanent

Do you have a home group? yes, no If yes, name of meeting: _____

Below, and on the other side of this form, **include ONLY AA, NA or equivalent** meetings, the date you attended, and obtain the meeting Chairperson's initials. Have your sponsor sign the form before mailing, faxing or emailing the form to CANDO. If you do not have a sponsor, or did not attend the required number of meetings, submit a written explanation why. List the name of the meeting in full or provide a key to the acronym. Meetings must fall on different calendar days.

Required meetings per week: 2 3 90/90

No.	Date	Name Of Meeting (eg. Get It Together)	Chair Initials	No.	Date	Name of Meeting	Chair Initials
1.				16.			
2.				17.			
3.				18.			
4.				19.			
5.				20.			
6.				21.			
7.				22.			
8.				23.			
9.				24.			
10.				25.			
11.				26.			
12.				27.			
13.				28.			
14.				29.			
15.				30.			

No.	Date	Name Of Meeting	Chair Initials	No.	Date	Name Of Meeting	Chair Initials
31.				61.			
32.				62.			
33.				63.			
34.				64.			
35.				65.			
36.				66.			
37.				67.			
38.				68.			
39.				69.			
40.				70.			
41.				71.			
42.				72.			
43.				73.			
44.				74.			
45.				75.			
46.				76.			
47.				77.			
48.				78.			
49.				79.			
50.				80.			
51.				81.			
52.				82.			
53.				83.			
54.				84.			
55.				85.			
56.				86.			
57.				87.			
58.				88.			
59.				89.			
60.				90.			