

ARIZONA STATE BOARD OF NURSING
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655
TELEPHONE (602) 771-7860 FAX (602) 771-7882
MONITORING - AA/NA ATTENDANCE REPORT

NAME: _____

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

SPONSOR'S NAME: _____

SPONSOR'S SIGNATURE: _____

SPONSOR'S STATUS: Temporary Permanent

SPONSOR'S PHONE OR E-MAIL (optional): _____

SPONSOR: This individual's progress is Excellent Good Fair Poor

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 the address shown above. If you do not have a sponsor, please submit a written explanation as to why.

No.	Date	Name Of Meeting	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.			

Total Meetings Attended: _____ 1/week 2/week 3/week 90/90

If the required number of meetings has not been attended, please provide a written explanation as to why.