

**ARIZONA STATE BOARD OF NURSING  
 4747 NORTH 7TH STREET, SUITE 200  
 PHOENIX, ARIZONA 85014-3655  
 TELEPHONE (602) 771-7860 FAX (602) 771-7882**

**ATTENTION: "MONITORING"**

**AA/NA ATTENDANCE REPORT**

You are required to record the dates and names of all AA/NA meetings that you attend. This report should be signed at the bottom by your sponsor and may be signed using first name only. Submit this report every \_\_\_\_\_ months to the address shown above.

\_\_\_\_\_  
 PRINT NAME OF  
 CERTIFICATE HOLDER REPORTING

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**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>
1. _____	_____	_____	18. _____	_____	_____
2. _____	_____	_____	19. _____	_____	_____
3. _____	_____	_____	20. _____	_____	_____
4. _____	_____	_____	21. _____	_____	_____
5. _____	_____	_____	22. _____	_____	_____
6. _____	_____	_____	23. _____	_____	_____
7. _____	_____	_____	24. _____	_____	_____
8. _____	_____	_____	25. _____	_____	_____
9. _____	_____	_____	26. _____	_____	_____
10. _____	_____	_____	27. _____	_____	_____
11. _____	_____	_____	28. _____	_____	_____
12. _____	_____	_____	29. _____	_____	_____
14. _____	_____	_____	30. _____	_____	_____
15. _____	_____	_____	31. _____	_____	_____
16. _____	_____	_____	32. _____	_____	_____
17. _____	_____	_____	33. _____	_____	_____

THIS INDIVIDUAL'S PROGRESS IS:     Excellent         Good         Fair         Poor

\_\_\_\_\_  
 Signature of Sponsor

\_\_\_\_\_  
 Date