

**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

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:

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.

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. _____	_____	_____	12. _____	_____	_____
2. _____	_____	_____	13. _____	_____	_____
3. _____	_____	_____	14. _____	_____	_____
4. _____	_____	_____	15. _____	_____	_____
5. _____	_____	_____	16. _____	_____	_____
6. _____	_____	_____	17. _____	_____	_____
7. _____	_____	_____	18. _____	_____	_____
8. _____	_____	_____	19. _____	_____	_____
9. _____	_____	_____	20. _____	_____	_____
10. _____	_____	_____	21. _____	_____	_____
11. _____	_____	_____	22. _____	_____	_____

CONTINUED ON BACKSIDE 

