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.

ATTENDANCE FOR THE MONTH OF:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
EXAMPLE: Week 1 Dates Meeting Name Chair Initials		*1/1/2015* *Sober View* *AD*		*1/3/2015* *Happy Hour* *CN*	*1/4/2015* *Big Book* *KL*		
Week 1 Dates							
Meeting Name							
Chair Initials							
Week 2 Dates							
Meeting Name							
Chair Initials							
Week 3 Dates							
Meeting Name							
Chair Initials							
Week 4 Dates							
Meeting Name							
Chair Initials							
Week 5 Dates							
Meeting Name							
Chair Initials							

ATTENDANCE FOR THE MONTH OF:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 Dates							
Meeting Name							
Chair Initials							
Week 2 Dates							
Meeting Name							
Chair Initials							
Week 3 Dates							
Meeting Name							
Chair Initials							
Week 4 Dates							
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