

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

**AA/NA ATTENDANCE REPORT**

NAME: \_\_\_\_\_

TIME PERIOD COVERED BY THE REPORT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Sponsor's printed name: \_\_\_\_\_ and phone or email (optional) \_\_\_\_\_

Sponsor's signature: \_\_\_\_\_ (acknowledges review of meeting attendance)

Sponsor is: Temporary Permanent | Do you have a Home Group? Yes No  Name: \_\_\_\_\_

Below, and on the other side of this form, **include ONLY AA, NA or equivalent** meetings, the date attended, and have the meeting Chairperson initial that you attended. Have your sponsor sign the form before mailing, faxing or emailing the form to Board staff. If you do not have a sponsor, or did not attend the required number of meetings, submit a written explanation. Write the full name of the meeting or provide a key. Meetings must fall on different calendar days.

FOR THE MONTH OF:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Example:</b>							
Week 1 dates		2/2/2016		2/4/2016	2/5/2016		
Meeting Name		Early Birds		Bloopers	Lunch Bunch		
Chair Initials		RB		LM	DE		
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							

Participant: \_\_\_\_\_

FOR THE MONTH OF:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Example:</b>							
Week 1 dates		2/2/2016		2/4/2016	2/5/2016		
Meeting Name		Early Birds		Bloopers	Lunch Bunch		
Chair Initials		<i>LD</i>		<i>JR</i>	<i>DB</i>		
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							