Abstinence-Oriented Support Group Meeting Attendance Record

Name: _____ License #: __ - __ __ __ __ __ __

DATE *Example: 10/31/2014*	**MEETING TYPE** *Example: AA, NA, Celebrate Recovery, etc.*	**TOPIC** *Example: Big Book Study, Faith, Shame, Guest Speaker, etc.*	**NAME/TIME/LOCATION OF MEETING** *Example: Lunchtime Reflections, 12-1pm, Mobile, AL*	**VERIFY & CONTACT** *Example: LC, Meeting Chairperson, 555-555-5555, Sponsor, etc.*

*Note: **Use of this form is not required**. However, use of it may prove to be good practice if the license is reinstated, as record-keeping on Board-specific forms/formats is required upon reinstatement.*