ALABAMA BOARD OF NURSING P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900
ABSTINENCE-ORIENTED SUPPORT GROUP MEETING ATTENDANCE RECORD

Licensee Information	**Select Compliance Monitor**
NAME:	___VDAP: Mary Ed Davis, DNP, MSN, RN, Director Telephone:334-293-5227 Fax: 334-293-5208 e-mail: maryed.davis@abn.alabama.gov
LICENSE #:	___Discipline: Cathy Boden, MSN, RN, Director Telephone: 334-293-5229 Fax: 334-293-5209 e-mail: cathy.boden@abn.alabama.gov
CASE #:	

I attended the following Support Group meetings (including Nurse Support Group, AA, NA, SAA, Caduceus, SA, CA) during Month/Year listed below.

Month_____Year_____

Date & Time	Meeting Location	Type of Meeting	Verifying Signature	Telephone Number