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 Telephone: 334-293-5239 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
LICENSE #:	___Probation Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: abn@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**

Be prepared to submit ORIGINAL Meeting Attendance Verification Reports to your ABN Compliance Monitor, upon request, for the duration of monitoring.