



**Ohio Board of Nursing**

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

**MEETING DOCUMENTATION**

Report for the month/year of: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Document your attendance at Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Support Groups, and Aftercare meetings by completing this form.

**Mail the original document and retain a copy for your records.**

<u>DATE</u>	<u>NAME OF GROUP</u>	<u>SEC./GROUP LEADER</u>
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Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Effective April 2015