



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 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>

Participant Signature

Date