SELF-HELP ATTENDANCE VERIFICATION

This log is to be submitted to HPRP on a Monthly Basis

HPRP Licensee Name: _____ HPRP Case Manager: _____

Case No: _____ Report For: _____ _____
(*Month*) (*Year*)

This form is used to verify that I have attended the following self-help group meetings (AA, NA, Caduceus, Al-Anon, Nar-Anon, etc.) as defined in my HPRP Monitoring Agreement. **The original copy of this form must be mailed to the below PO Box address. No electronic copies will be accepted.**

PLEASE SIGN THIS SHEET ONLY AFTER THE MEETING

DATE	MEETINGS / AA / NA	CHAIR	TELEPHONE # *(Area Code + Number)*

DATE	CADUCEUS	CHAIR	TELEPHONE # *(Area Code + Number)*

Your signature does not verify an alcohol or other drug-free state. It only verifies attendance at the listed meetings. By signing your name, you give HPRP permission to verify your signature with a telephone call.

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