

OKLAHOMA BOARD OF NURSING
SUPPORT GROUP ATTENDANCE FORM
(PLEASE MAKE SUFFICIENT COPIES FOR YOUR USE)

LICENSEE: _____

Reporting Month(s) _____

NO. OF SUPPORT GROUPS [AA, NA, CA, AL-ANON] MTGS PER WEEK: _____

NO. OF NURSE SUPPORT GROUP MTGS. PER WEEK: _____

SUNDAY: _____ - SATURDAY: _____

DAY OF WEEK	SUPPORT GROUP TYPE	LOCATION	DATE	TIME	FACILITATOR'S FIRST NAME & LAST INITIAL	FACILITATOR'S PHONE NUMBER	DATE SIGNED
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

SUNDAY: _____ - SATURDAY: _____

DAY OF WEEK	SUPPORT GROUP TYPE	LOCATION	DATE	TIME	FACILITATOR'S FIRST NAME & LAST INITIAL	FACILITATOR'S PHONE NUMBER	DATE SIGNED
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

LICENSEE'S SIGNATURE _____