

(804) 367-4536 :: Fax (804) 527-4455 Compliance.BON@dhp.virginia.gov https://www.dhp.virginia.gov/nursing/

Recovery Support Group Attendance Log

This report covers only the <u>current</u> quarter of **20**_____: **Jan-Mar** or **Apr-Jun** or **Jul-Sep** or **Oct-Dec**

To be timely, this report must be received from 5 days before until 5 days after the end date of the current quarter: For example: if report is due 3/31, it must be received between 3/26 and 4/5.

FAXES & EMAIL ARE ACCEPTABLE - YOUR ORIGINAL SIGNATURE IS REQUIRED & MUST BE SUBMITTED AS WELL

_ certify that I have attended all meetings listed below 🗌 Yes 🗌 No

Date Attended	Location of Meeting	<u>Type of Meeting</u>	Signature of Witness (obtained on meeting date)

Signature of Monitored Person	Witness' Signature	
Printed Name of Monitored Person	Witness' Printed Name	
Monitored Person's License/Certificate/Registration Number	Date of Submission	
This is Page of sheets for this quarter		

EXPLANATIONS / QUESTIONS / CONCERNS / COMMENTS If you have any questions, concerns or comments, please feel free to contact the Nursing Compliance Case Manager or to list them on the back of this page.