Virginia Department of
Health Professions
Board of Social Work

Compliance Monitoring
Boards of Counseling, Psychology, and Social Work
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Group Attendance Log

Licensee's Name: _____ License No(s).: _____

Period covered under this report (complete year and check appropriate quarter):

Year: _____ Quarter: ☐ Jan–Mar ☐ Apr–Jun ☐ Jul–Sep ☐ Oct–Dec

This report must be received from 5 days ***before*** until 5 days ***after*** the end of the current quarter (e.g., if due 3/31, send between 3/26 and 4/5)

DATE ATTENDED	LOCATION OF MEETING	TYPE OF MEETING	SIGNATURE OF ANOTHER ATTENDEE ON THIS DATE

_____ _____
Signature Date