



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 \_\_\_\_\_