**LICENSE NUMBER**: _____

# VDAP – 12 STEP ATTENDANCE REPORT

**ALABAMA BOARD OF NURSING**
**P. O. BOX 303900**
**MONTGOMERY, ALABAMA 36130-3900**

**NAME** _____ **CASE NUMBER**: _____

| I attended the following 12-Step meetings (including Nurse Support Group, AA, NA, SAA, Caduceus, SA, CA ) during Month/Year: | |
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| DATE | MEETING LOCATION | TYPE OF MEETING | VERIFYING SIGNATURE | PHONE NUMBER |
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