## MISSISSIPPI BOARD OF NURSING RESTORATION APPLICANT 12 STEP MEETING CALENDER

| NAME   |  | REPORT FOR | THE MONTH  |  |  |  |  |  |  |  |
|--|--|------------|--|--|--|--|--|--|--|--|
| This form may be used to document your weekly attendance at AA/NA meetings. You will need to provide the following information for each meeting attended (see example in first block): |  |            |  |  |  |  |  |  |  |  |
| D:   | Date of Attendance                               | T:         | Time of meeting  |  |  |  |  |  |  |  |
| G:   | Name of Group & City Where Located               | <b>V:</b>  | Signature or first name and last initial of person verifying your attendance |  |  |  |  |  |  |  |
| <b>P:</b>  | Phone number of person verifying your attendance |            |  |  |  |  |  |  |  |  |

| SUNDAY                     | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------------------------|--------|---------|-----------|----------|--------|----------|
|                            |        |         |           |          |        |          |
| D:<br>G:<br>T:<br>V:<br>P: |        |         |           |          |        |          |
| V:                         |        |         |           |          |        |          |
| P:                         |        |         |           |          |        |          |
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