Office of Professional Regulation
Vermont Board of Nursing
National Life Bldg., North FL2
Montpelier, VT 05620-3402
(802) 828-2819

RECOVERY GROUP ATTENDANCE LOG

This log covers the current quarter (please check one): ___Jan–Mar ___Apr–Jun ___Jul–Sept ___Oct–Dec
Submit the log to the Board of Nursing office **quarterly**, within 7 days after the end of the quarter—due dates 04/07, 07/07, 10/07, and 01/07.

Date of Meeting	Location of Meeting	Type of Meeting	Signature of your sponsor or another attendee on this date

I certify by my signature that I have attended all of the meetings listed above.

_____ _____
Your Signature Your Name Printed

This is page _____ of _____ sheets for this quarter.