COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAMS
PO BOX 10569
HARRISBURG, PA 17105-0569
800-554-3428
717-783-4857
www.dos.pa.gov/phmp

MONTH:________________ **DUE BY THE 5TH**
(RECORD ONE MONTH PER SHEET) **OF EACH MONTH**
SUPGRPAT.REC

SSN NUMBER:____

NAME: ____

SUPPORT GROUP ATTENDANCE RECORD

PART I: **AA/NA ALANON/ACOA, MH, DUAL DIAGNOSIS, ETC.**

Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date: ____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date:____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date:____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date:____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date:____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date: ____________
Sign:* ____________	Sign:* ____________	Sign:*____________
Group: ____________	Group: ____________	Group:____________
Date: ____________	Date: ____________	Date:____________
Sign:* ____________	Sign:* ____________	Sign:*____________

*** Signature must be provided by licensee's sponsor, meeting chairperson, or group secretary.**
YOU ARE REQUIRED TO SELECT A SPONSOR AND HOME GROUP WITHIN 30 DAYS
SPONSOR (use 1st name, last initial):________________HOME GROUP:______________

Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________

PART II: **PROFESSIONAL SUPPORT GROUP**

Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________
Group: ______________ Date: _______________ Sign:* ______________	Group: ______________ Date: _______________ Sign:* ______________	Group:_______________ Date:________________ Sign:*_______________

***** ***Signature must be provided by licensee's sponsor, meeting chairperson, or group secretary***