Nevada State Board of NURSING

Attendance at 12 Step Meetings

Name of nurse: _____

(Please print or type)

I am required to attend the follow 12 Step Meetings on this schedule:

AA _____ _____ Once a week

NA _____ _____ Twice a week

GA _____ _____ Once a month

CODA _____ _____ Twice a month _____ Other:_____

Verification of attendance for the month of: _____

(Month/Year)

Date	Meeting Name	Signature Verifying Attendance

Fax completed forms to: 775-687-7729 (Please do not fax multiple copies)

Or mail to: NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576

Revised 08/25/14