

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

E-mail completed forms to: compliance@nevadanursingboard.org or;
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