

Nevada State Board of
NURSING

**Attendance at 12 Step Meetings
(Minimum of 90 meetings in 90 days required)**

Nurse's Name: _____

#	Date	Meeting Name	Signature Verifying Attendance
1			
2			
3			
4			
5			
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NURSING

**Attendance at 12 Step Meetings
(Minimum of 90 meetings in 90 days required)**

Nurse's Name: _____

#	Date	Meeting Name	Signature Verifying Attendance
21			
22			
23			
24			
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Nevada State Board of
NURSING

**Attendance at 12 Step Meetings
(Minimum of 90 meetings in 90 days required)**

Nurse's Name: _____

#	Date	Meeting Name	Signature Verifying Attendance
41			
42			
43			
44			
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Nurse's Name: _____

#	Date	Meeting Name	Signature Verifying Attendance
61			
62			
63			
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Nurse's Name: _____

#	Date	Meeting Name	Signature Verifying Attendance
81			
82			
83			
84			
85			
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