The Commonwealth of Massachusetts
Department of Public Health
Bureau of Health Professions Licensure

Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114
Substance Abuse Rehabilitation Program
Meeting Record

Participant _____ Period from: _____ to: _____

DATE	Meeting Attended	Initials		DATE	Meeting Attended	Initials		DATE	Meeting Attended	Initials

DATE	Meeting Attended	Initials		DATE	Meeting Attended	Initials		DATE	Meeting Attended	Initials

Please indicate men's / women's group with notation (*, x, hi-liter)