

ARIZONA STATE BOARD OF RESPIRATORY CARE
PROBATIONARY COMPLIANCE PROGRAM
602-542-5926

12-STEP PROGRAM ATTENDANCE LOG

Name: _____

Time Period: _____ TO _____
(MONTH, YEAR) (MONTH, YEAR)

Sponsor's Name: _____

Phone Number: _____

If you do not have a sponsor, please explain:

	DATE/TIME	NAME OF GROUP	LOCATION	PHONE	INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

MINIMUM REQUIRED BY YOUR ORDER OF PROBATION: _____/WEEK

RCP Signature

Sponsor's Signature

Please mail or fax (602-542-5900) forms to the Board office by the required due date, as stated in your Order of Probation, to ensure documentation of your participation in the 12-Step Program.