

AA/NA, Aftercare and RNP support group - **4 each week** required

RNP/Compliance
17373 Perkins Rd
Baton Rouge, Louisiana 70810
ATTENDANCE VERIFICATION CALENDAR

List name of group
Time attended and
Initials of Moderator

Month _____ Year _____

Name** _____

Sponsor signature*** _____ Sponsor Phone Number _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

****PLEASE be sure to print your full name (first & last) prior to submitting to the Board. Failure to do so may result in a non-compliance report.**

*****By signing this calendar, you are verifying regular attendance and contact with participant. RNP staff may contact you for verification.**