Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204

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AFTERCARE (SUPPORT GROUP) MEETINGS REPORT

Participant's Name_____ Date attended_____

Group Name_____ Group Location_____

Type of Group:

- ☐ AA
- ☐ Speaker
- ☐ Open
- ☐ NA
- ☐ Discussion
- ☐ Closed
- ☐ ANIR
- ☐ Step
- ☐ Other
- ☐ Big Book Study

What was the subject of the meeting? _____

_____

What in the talk or comments applies to you? _____

_____

What did you learn from this meeting? _____

_____

_____

Participant's signature_____

You must complete an 'Aftercare Meetings Report' for each meeting attended, along with logging your attendance for each meeting. (Click +Add Meeting located on the homepage of your Affinity account.)

Reports may be submitted to your Affinity (Spectrum Compliance) account after each meeting or by the 10th of the month in the quarter in which it is due.