TENNESSEE PROFESSIONAL ASSISTANCE PROGRAM

P.O. Box 281919 * Nashville, Tennessee 37228-1219 * 615-726-4001 Fax: 615-726-4003 * www.TNPAP.org

Meeting Attendance Verification

Explanation and Instructions:

- As a condition of monitoring, TnPAP requires that you record and submit a report showing your participation in 12 step and support group as well as counseling/therapy.
- Make sure that information is legible.
- Report is to be submitted by you to TnPAP on or before the last day of the following months:
  - March, June, September and December

Name	SSN	Case Manager

Reporting period:	From:	To:	Report Due:

Date	Meeting Location	Type	Verifying Signature (if applicable)	Phone Number