



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
P.O. Box 10569
Harrisburg, PA 17105-0569

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Fax: 717-772-1950
Email: ra-stphmp@pa.gov

MONTH: _____
(RECORD ONE MONTH PER SHEET)

DUE BY THE 5TH
OF EACH MONTH
SUPGRPAT.REC

SSN NUMBER: _____

NAME: _____

SUPPORT GROUP ATTENDANCE RECORD

Group: _____
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* **Signature must be provided by licensee's sponsor, meeting chairperson, or group secretary.**
YOU ARE REQUIRED TO SELECT A SPONSOR AND HOME GROUP WITHIN 30 DAYS
SPONSOR (use 1st name, last initial): _____ HOME GROUP: _____

Group: _____
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PART II: PROFESSIONAL SUPPORT GROUP

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