MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St Paul MN 55108
phone: 651-642-0487
fax: 651-797-1380
email: hlbhpsp@state.mn.us
web: mn.gov/boards/hpsp

Professional Support Group Attendance Form

NOTICE

- **You do not need to use this form if** you attend Dentists Concerned for Dentists (DCD) in Minneapolis, or the Health Professionals Group at the Mayo Clinic. The group facilitators will provide HPSP with documentation of your attendance.
- **You need to use this form if** you are required to attend health care professional mutual support group meetings other than those listed above.

PARTICIPANT – PRINT YOUR NAME: _____**DOB:**_____

Please check quarter date: January 15th ☐ April 15th ☐ July 15th ☐ October 15th ☐

Ask group leader or member to document your attendance below:

Meeting Name or Location	*Signature/Initial of Group Leader or Member*	*Meeting Date*

Please return completed form to:

Via mail, email at hlbhpsp@state.mn.us or fax to 651-797-1380

Report forms are available at mn.gov/boards/hpsp/

THANK YOU!