MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

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St Paul MN 55108
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fax: 651-797-1380
email: hlbhpsp@state.mn.us
web: mn.gov/boards/hpsp

Mutual Support Group Meeting Attendance Form

NOTICE

- You are required to document your attendance at mutual support group meetings and to have regular contact with your sponsor.
- You may document your mutual support group attendance by having someone sign this attendance sheet at each meeting you attend and sending it to HPSP at the end of each quarter ***OR*** by having your sponsor complete and return the Mutual Support Group Sponsor Form to HPSP at the end of each quarter, unless your case manager requires both.

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 Date	*Meeting Location*	*Signature or Initials of Group Leader or Member*

Meeting Date	*Meeting Location*	*Signature or Initials of Group Leader or Member*

Return to HPSP via email hlbhpsp@state.mn.us
You may also fax or mail to HPSP.
Thank you!