

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:

<i>Meeting Name or Location</i>	<i>Signature/Initial of Group Leader or Member</i>	<i>Meeting Date</i>

Please return completed form to HPSP