MISSOURI
State Board of Nursing

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

SUPPORT GROUP MEETING REPORT

MAILING ADDRESS:
STATE BOARD OF NURSING
ATTN: DIRECTOR OF COMPLIANCE
PO BOX 656
JEFFERSON CITY, MO 65102-0656
Email: nursingcompliance@pr.mo.gov

DELIVERY ADDRESS:
3605 MISSOURI
BOULEVARD
JEFFERSON CITY, MO 65109
Fax: 573-522-2143

INSTRUCTIONS

Instructions to Licensee: Complete the form below and have the Chair of the meeting initial your attendance for each meeting. If you have any questions, please call (573) 751-6541.

LICENSEE INFORMATION

Licensee Name	License number
Time Period	
From	To
Sponsor's Name	Check One ☐ Temporary ☐ Permanent

MEETING INFORMATION

Date	Name of Meeting/Group	Chair's Initials	Date	Name of Meeting/Group	Chair's Initials

Total Meetings Attended (Must Check One Below):

☐ 1/week ☐ 2/week ☐ 3/week ☐ 90/90

If you have not attended the required minimum number of meetings, please call to discuss why. Your commitment to recovery is reflected in your follow through with meetings and your active participation in the program.